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By Hon. G. M. Pease M. D.
Received Aug. 19. 1876

TRANSACTIONS

OF THE

Pacific Homœopathic Medical Society

OF THE

STATE OF CALIFORNIA,

FROM

1874 TO 1876,

WITH CONSTITUTION AND BY-LAWS.

VOL. I.

SAN FRANCISCO:
CUBERY & COMPANY, Steam Book and Job Printers, 414 Market Street.
1876.

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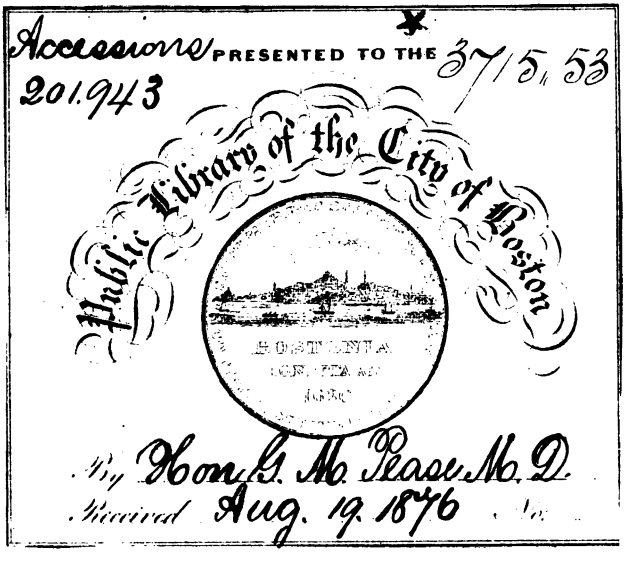


The minutes of the former meeting were read and approved.

The Chairman called for the report of the Committee on Constitution and By-laws.

Dr. Pease read the draft as prepared by the committee. The Constitution and By-laws were then acted upon, article by article, and accepted as a whole.

A Committee upon Printing and Correspondence was then chosen, with full powers. This committee consisted of Drs. Pease, Thomas, and Wilson.

It was voted to reconsider the vote by which Article III. of the Constitution was adopted. Dr. Geary then moved that the name of Dr. J. N. Eckel be included in the list of founders of the society. The Chairman then called Dr. Knapp to the chair and made some lengthy remarks in opposition to Dr. Geary's motion; after which he resumed the chair. Remarks followed from several others present, and the motion of Dr. Geary being put to vote, was lost. The grounds of objection being the report that Dr. Eckel was not possessed of a diploma. The original article was then adopted.

The election of officers to hold office until the annual meeting, or until their successors were elected, was then held, resulting in the election of Dr. Selfridge as President, Dr. Knapp Vice-President, Dr. Beakley General Secretary, Dr. Albertson Treasurer. Drs. Pease, Ingerson, and Cushing, Censors.

Adjourned to meet on the first Wednesday of November for the annual meeting.

CONSTITUTION.

ARTICLE I.—NAME.

This Association shall be called THE PACIFIC HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

ARTICLE II.—OBJECT.

The object of this Society shall be the advancement of the science of Medicine and Surgery.

ARTICLE III.—OF WHOM COMPOSED.

This Society shall be composed of Drs. J. M. Selfridge, J. F. Geary, J. A. Albertson, H. Knapp, H. H. Ingerson, M. T. Wilson, F. H. Thomas, J. J. Cushing, J. N. Eckel, J. S. Beakley, and G. M. Pease, and such others as may from time to time be elected, in conformity with the By-Laws of the Society.

ARTICLE IV.—OFFICERS.

The Officers of the Society shall be a President, Vice-President, General Secretary, Treasurer, and three Censors.

ARTICLE V.

The members of this Society consider Homœopathy superior to any known system of medicine, being based upon the humane principle of the "Organon," which says, "The highest and only calling of the physician is to heal the sick, called curing;" and "The highest ideal of cure is speedy, gentle, permanent restitution of health." We acknowledge "Similia Similibus curantur" as the only known law of cure; but we accept this law as pertaining to and governing the use of DRUGS ONLY.

We believe that it follows, from the principles above stated, that we consider it necessary for a member of this Society that he should adhere in his practice to the cardinal points of the "Organon of the Healing art," *i. e.*, the selection of the most similar remedy, and the smallest dose which, in his judgment, will cure.

Having determined the basis of Homœopathy and decided to be governed by its maxims, it follows that the dignity of our responsible position as a society of Homœopathic physicians demands that those claiming the title of Homœopathic physicians shall not be justified in practicing the administration of drugs contrary to the laws and maxims peculiar to Homœopathy.

ARTICLE VI.—Alterations.

The Constitution may be altered or amended by a vote of two thirds of the members present at any regular meeting of the Society; *provided*, that notice of such alteration or amendment shall have been presented in writing at a previous regular meeting of the Society.

BY-LAWS.

ARTICLE I.—Meetings, When and Where.

The Society shall hold two sessions each year, viz: on the second Wednesday of May, which shall be called the annual meeting, and on the second Wednesday of November, which shall be called the semi-annual meeting. The sessions shall be held at such place as may be determined upon by a majority vote of those members present at any regular meeting.

Special Sessions.

Special sessions may be called upon the written application of any five members, to the President, stating the object of the meeting.

ARTICLE II.—Officers, When and How Chosen.

The officers shall be chosen at the annual meeting, by ballot, to hold office for one year, or until their successors are elected. In the choice of officers a plurality vote shall elect after the first ballot.

The officers of the Society shall constitute an Executive Committee, which shall arrange the order of business at the meetings, and attend to such other business as is not otherwise provided for and which may devolve upon it by a vote of the Society.

ARTICLE III.—Duty of President.

The President shall preside at all meetings, preserve order therein, put all questions, announce the decisions, and appoint committees not otherwise ordered.

ARTICLE IV.—Duty of Vice-President.

The Vice-President shall assist the President, and in his absence perform his duties.

ARTICLE V.—Duty of Secretary.

The General Secretary shall keep a record of the proceedings of the meetings, give proper notice of the meetings of the Society, notify candidates of their election, sign certificates of membership, answer all letters addressed to the Society, and open and maintain such correspondence as may tend to advance the interests of the Society.

ARTICLE VII.—Duty of Treasurer.

The Treasurer shall collect all moneys belonging to the Society; make all necessary disbursements, and report annually, in writing, and verbally whenever requested by the Society.

ARTICLE VIII.—Duty of Censors.

It shall be the duty of the Censors to examine the credentials of applicants for membership, and report to the Society for election such as may be found properly qualified.

ARTICLE IX.—Membership, Qualifications for.

Any person of good moral character and professional standing, who shall have pursued a regular course of medical studies according to the requirements of any respectable medical college, and received his diploma therefor, and who shall have been recommended by the Censors, may become eligible to membership in this Society.

ARTICLE X.—Election of Members.

The election of members shall be by ballot, and shall require a two thirds vote of the members present. Should there exist any reasons why a person should not join the Society, which may not be known to the Censors, it shall be the duty of any member, who may know of them, to give notice to the Censors in writing, giving the reasons in full, and signing his name thereto, or to the Society in case it was not known beforehand that such person intended presenting himself for membership. In which latter case the Society may go into secret session before proceeding to vote upon the name of such candidate, and it shall then be the duty of the member who has aught against the candidate to clearly and fully state it to the Society, that an intelligent vote be cast or the candidate have leave to withdraw his name.

ARTICLE XI.—Withdrawal and Reinstatement.

Every member, in good standing, shall have the privilege of withdrawing from the Society, by giving notice in writing of such intention and paying all arrearages due the Society. Any person who has resigned his membership may, on application in writing, be reinstated by a two thirds vote of the members present at any regular meeting.

ARTICLE XII.—Expulsion upon Charges.

Any member may be expelled from the Society, or, having resigned his membership, may be deprived of his privileges, by a two thirds vote of the members present at any regular meeting, or meeting adjourned for that purpose; *provided*, the charge or charges against him have been presented to the Executive Committee in writing, and he has been notified of the same by the Secretary, and an opportunity has thereby been given him to make his defense before the Society:

First.—For any gross or notorious immorality or infamous crime under the laws of the land.

Second.—For any attempt to subvert the objects or injure the reputation of the Society.

Third.—For advertising or publicly vending any secret nostrum.

Fourth.—For furnishing to any person, or presenting in his own behalf, a false certificate of studies, as a student of medicine, tending to deceive the public or the Censors of this Society.

Fifth.—Any other flagrant violation of the Code of Ethics of the American Institute of Homœopathy, which we accept as our own.

ARTICLE XIII.—Obligation of Members.

Every person who becomes a member is understood to take upon himself an obligation to communicate to the Society any discoveries he shall have made relating to the science of medicine or surgery, and on his refusal to do so he shall be subject to such censure as the Society, by a two thirds vote of the members present, may inflict.

ARTICLE XIV.—Bureaus.

At the annual meeting the President shall appoint bureaus, of not less than three members each, upon the following subjects: Upon Materia Medica, Pharmacy and Provings; upon Clinical Medicine; upon Obstetrics and Diseases of Women and Children; upon Surgery—general and ophthalmic; Anatomy, Physiology, and Hygiene; upon Organization, Registration, and Statistics; and upon any other subject which may be deemed necessary, by a two thirds vote of the members present at any regular meeting.

ARTICLE XV.—Duty of the Bureaus.

It shall be the duty of the bureaus to collect all facts relating to their branches and of interest to the profession, and render reports at the meetings of the Society.

ARTICLE XVI.—Vacancies in the Bureaus.

The Chairman shall have power to fill any vacancy that may occur in his bureau, and shall notify the Secretary of the fact.

ARTICLE XVII.—Assessments—When a Member—Arrears in Assessments.

Each member of the Society shall pay an annual assessment of $3.00, and such additional assessment as shall be voted at any regular meeting, and no person shall be considered a member of the Society until he shall have signed the Constitution and By-laws and paid the annual assessment. Any member more than two years in arrears upon assessments shall be considered as having withdrawn from the Society, and cannot longer exercise any of the rights of membership.

ARTICLE XVIII.—Quorum.

Six members shall constitute a quorum for the transaction of business.

ARTICLE XIX.—Alterations.

The By-laws may be altered or amended under the same conditions as are provided for the alteration or amendment of the Constitution.

NOVEMBER 4th, 1874.

The Pacific Homœopathic Medical Society held its first annual session at the rooms of the Young Men's Christian Association, at 8 P. M. There were present Drs. Geary, Ingerson, Thomas, Knapp, Albertson, Pease, Wilson, and Beakley.

The records of the last meeting for formation were read and approved. The report of the Committee on Printing and Correspondence was accepted.

Dr. Geary proposed that the name of Dr. J. N. Eckel be considered as one of the founders of the Society, supporting his motion with remarks to some length, in which he stated that Dr. Eckel was possessed of a diploma from a medical college. Dr. Pease said that, with the explanation of Dr. Geary, he would second the motion of Dr. Geary.

Upon being put to vote it was carried unanimously.

Dr. Pease then moved that the Secretary be instructed to notify Dr. Eckel that, on account of statements made by Dr. Geary, he had been unanimously elected as one of the founders of the society. The Constitution and By-laws were then signed by those present, and was followed by the election of officers for the ensuing year, resulting as follows: for President, Dr. J. J. Cushing; for Vice-President, Dr. J. M. Selfridge; for General Secretary, Dr. G. M. Pease; for Treasurer, Dr. J. A. Albertson; for Censors, Drs. Geary, Ingerson, and Knapp.

A paper upon the medical use of colored glass was presented and read before the Society by Dr. G. M. Pease.

The Society then adjourned.

MEDICAL USE OF COLORED GLASS.

BY G. M. PEASE, M. D., SAN FRANCISCO.

Fellows of Pacific Homœopathic Medical Society:—

At this our first annual meeting, let us firmly promise each other and ourselves that we will do all in our power to advance the science of healing the sick, and will strive to investigate any channel which may seem to be opened to us in that direction. And, further, let us, each and all, seek after new channels. The old routinist may say: "There are ways enough already for healing the sick, and I have good success with my patients; what is the use in bothering over a lot of new-fangled notions and theories which may be the invention of some visionary mind?"

Well, it may be we have ways enough, perhaps too many, for really there is but one way, and that the right way; but the methods of reaching the right path may be many, and yet all be good. How well we all know the difficulty we have in treating, not to say curing, our consumptives, our nervous diseases, and a thousand and one chronic ailments. Would we not gladly embrace any new course of procedure that gave promise of better success in those directions. But how shall we find a better way than we now have and follow? Let us each give the subject thought and study; examine more carefully the laws of Nature; see how she does her work. We are all

children of Nature; why not copy after her? She does all things well, and why might not her children?

Newton was a child of Nature, and he watched her ways and studied her laws, and it resulted in knowledge for the coming generations. The law of gravitation existed before Newton was born; but he read the law and interpreted it for our benefit. The use of electricity for the service of man might have been ascertained long years before Franklin's time; but others had never properly studied the book which was ever open before them. And so I might occupy your time with numerous examples of the benefits to be gained by closely observing the working of Nature's laws; but I will only add one more, the result of which is of interest to us all.

Hahnemann was thoroughly educated as a physician of the old school, and for awhile practiced his profession, and, in fact, acquired notoriety for his skill; but he was not satisfied with the loose way which then prevailed of ministering to the sick, and he began the close study of Nature. He thought there ought to be a law, and he was determined to turn the pages until he found it. The results we all know, as do so many thousands, aye millions, who have reaped the benefits of that study to which he devoted so much time.

We may not all be Hahnemanns, but we may, like him, try to benefit our fellow-men in some way that shall bring down praises upon our memories.

If we are bent upon the acquisition of the almighty dollar alone, we will go on in the paths that are already laid out and well-beaten before us. Many have opened up to the world a new and valuable project or scientific law, who have perhaps been entirely wrong in

the start; but the mere fact of being wrong has led to the right in the end. So, though we may not be right ourselves, in some new road, yet others seeing our endeavors, will come and help us, and the result will be good. Doubtless many, if not all of us, have frequently revolved in our minds projects which, if tested by time and experiment, would be of vast importance to the world; but which, from our own timidity or lack of confidence, have never been more than thought of or sparingly practiced. Let us tell our theories to one another; think and talk them over, and possibly they may be of some use, and if they are not valuable, we will know that we did not strive to hide our light under a bushel. What if we do make mistakes in our theories, we are not Solons, and the mantle of charity will hang about our shoulders the more closely as we strive the more to benefit others. Those who are at heart our friends will not ridicule a new idea, even though a wrong one, and those who are enemies cannot hurt us any more because we are frank in our good endeavors. Let us remember, in short, that it is through mistakes and failures that the greatest good has many times been accomplished—that good results are arrived at and fixed laws ascertained negatively.

With this introduction, permit me to bring forward an idea over which I have spent much thought and many times put in practice, and I will support it by a brief report of cases and their results.

In the fall of 1863, while absent from the army upon sick leave, I used to frequent the photographic studio of a friend, because I was interested in the art as an amateur. The operating room was lighted through a large skylight of light-blue glass, and the

walls of the room were tinted of the same color. After an hour or two spent in this room I always felt better, and mentioned it to my father, claiming that I thought the peculiar light had something to do with it; but he thought it was probably the smell of the chemicals. The idea that suggested itself to me was pondered over many a time and oft, and upon my resumption of private practice in 1864 I determined to take the first opportunity of experimenting with blue light. My first experiment was upon a confirmed invalid, suffering from, nobody knew what. I obtained some blue glass, and asked her to sit in the light of it as much as possible. After a few weeks she was very decidedly improved, and she continued the use of the glass until she was entirely well, and, for aught I know, uses it to this day. While treating this case, I noticed that the light was not very pleasant to the eyes when thrown upon the walls and objects in the room, and with the next experiment I had the panes alternated with clear glass, and found the light more pleasant, but still not perfect, although my patient did exceedingly well. This case was one of chronic bronchitis. Another time, I obtained a blue with the mixture of a little red, making a light violet color, and the light from this was very pleasant. I now thought I had found *the* color, for my patients improved much faster, apparently, than under the clear blue light. For several years I advised this glass to patients troubled with pulmonary difficulties, obscure chronic ailments, nervous diseases, and those suffering from nervous injuries.

One lady who had been very severely injured by the telescoping of the cars at Revere, Mass., and who was unable to sit up in bed without help, was for a

long time kept under the influence of the violet light. This patient had been examined by experts employed by the railroad company, on account of a suit entered by her for damages, and they had agreed that she must be bed-ridden during the rest of her life. As I have said, she was placed under this light, and after a few weeks she was able to move about the bed very easily. In a few months she got the use of her legs so as to move from the bed to a chair placed near her, and now is able to go about the house and attend to her ordinary household duties. At one time, wishing to test the value of the glass, I caused it to be removed for a short time, when she begged to be permitted to use it again, as she did not feel as well without it.

A young lady aged about 17 had an attack of typhoid fever, so I was informed, from which she recovered but slowly. Subsequently she made a visit to her brother, a physician, where she was taken sick, and as soon as able she was sent home, as he pronounced her lungs in a very bad condition. She was recommended to try Dr. Bowditch, a noted specialist in lung diseases, as a last resort. After this I first saw her. The lungs truly were in a very diseased condition, and there seemed no chance to save her life, but I thought I would try the glass cure. I instructed the mother as to the color of the glass, and prescribed the remedy which seemed to bear best upon the case. As the patient did not live in my own city I did not call upon her, but received her at my office. After a short time she began to improve, the cough became less, and her strength greater, and in a few months she was entirely well. It was not until sometime after that I saw the glass under the light of

which she had been sitting and receiving the rays of the sun. I then found it a much redder color than I had ever before used, and I found the light even pleasanter than the more blueish color previously employed. I then carefully watched Nature, if perchance I might find that light more common. And here let me say that I have very much strengthened my idea of the blue light by observing Nature. Did I not see that our very surrounding atmosphere was blue? No matter whether I looked at it by night or by day, still it was blue. Was it not true that the sun's light came to us through this blue atmosphere, and was not blue the prevailing color in everything around me? Wandering in the fields and looking off, was not everything of a blueish tinge? Why then, if Nature gave us a blue light which was ample for us in health, might we not intensify that blue light to meet the demands of a diseased condition? As I have said, I watched Nature more carefully to see if more red could be observed, when surely I found that my eye had not been properly trained before, and I now saw very much more than formerly. In each of my experiments I have noticed that the more red the more rapid has been the progress of the patients under the light, and yet it has seemed necessary to preserve the distinct blue color in connection with the red.

Experiments made upon animals by Prof. Pfeiffer demonstrate the value of red glass in preference to clear glass, but I am not aware that the professor has ever used a mixture of the blue and red. A few years ago General Pleasanton experimented with blue glass upon the vegetable kingdom, and found that in a given time grape-cuttings produced a very much larger yield under blue glass than they did under either clear or white glass.

I might illustrate the value of the glass treatment with many more cases, but enough have already been mentioned to give the range of diseases to which it has already shown itself applicable. I have now under treatment a case of paralysis, one of phthisis, and one of chronic enlargement of the liver, with frequent discharges of renal calculi, all of which are very much benefited thus far. I can not claim that the remedies used are so remarkably well adapted to each case as to cause the very decided benefits thus noticeable, but I do think the influence of the rays of the sun, as received after passing through the purple or violet-colored glass, have much to do with the success of the cases.

My method is to advise the patient to sit or lie so the light can fall upon him as much as possible, and for as long a time as possible. In one or two instances I have noticed that the effect seemed too stimulating at first and the patient could not bear the light very long at a time, but this soon wore off, and the patient was only too glad when the next day came, for the sun bath.

We all know that the sun is of great value to all living creation, and especially in this city, is it very noticeable that everyone wants and feels the need of the sun.

I have been in the receipt of letters from physicians in the East asking for more particulars respecting the glass treatment. I have never myself published any facts concerning which I have now spoken, but others have done so for me, and it seems to meet with favor from men of an inquiring mind, and lately I have noticed two newspaper articles referring to my experiments, and urging the further investigation of the sub-

ject. After ten years of experiment and thought I have at last been emboldened to openly proclaim my belief in the efficacy of this sun treatment, and request that each of us will try the experiment upon such cases as may seem best suited to thoroughly give us either positive or negative results. I do not mean to convey the idea that all cases of phthisis can be cured by this treatment, but I do think they may be made more comfortable. Neither would I trust to the sun alone for treatment, for it is our duty to stick to well-tried and proven remedies rather than risk the lives of our patients in the trial of what may be as yet of uncertain benefit.

Let me not be considered as visionary in my observations, but rather let us accept the motto, *In certis unitas, in dubiis libertas, in omnibus charitas*, and let us still further "prove all things, holding fast to that which is good."

The results of experiments in the direction suggested, whether favorable or unfavorable, I shall at any time be pleased to have reported to me.

Since the above was written I have been shown a paper from which I make the following extract:

"The paper also mentioned a case of the wife of a Philadelphia physician who had for some time been suffering from a complication of disorders which had baffled the skill of her physicians, and who, on the suggestion of General Pleasanton, tried the following plan: Every other pane of glass in one of the windows of the patient's room was removed and blue glass substituted, and the patient required to expose her back and spine to the action of the combined blue and white lights for thirty minutes each day, at the same

hour. At the commencement of the treatment she was unable to sleep or eat, was in a miserable condition and wasting rapidly. At the end of ten days the pains in her back were less, her hair had commenced growing thickly, and there was a marked improvement in her general condition. In three weeks she was almost entirely well."

This extract I have quoted from the *Druggists' Circular* for July, 1873, and present it as one item corroborating my own researches and experiments.

MAY 5th, 1875.

Pursuant to the call of the Secretary, the semi-annual session of the Pacific Homœopathic Medical Society convened in the hall of the Young Men's Christian Association, at ten o'clock A. M.

There were present the following members: Drs. Albertson, Knapp, Cushing, Thomas, Geary, Pease, Eckel, Wilson, Selfridge, Ingerson and Beakley.

The President, Dr. J. J. Cushing, occupied the chair, and, after calling the meeting to order, requested the reading of the records of the last session. As no objections were made to the records as read by the Secretary, they stood approved.

The following were then proposed for membership: L. E. Cross, M. D., of Stockton, who graduated from the Hom. Med. College of Missouri, in 1872; W. A. Hughson, M. D., of Sacramento, and J. D. M. Crockwell, M. D., of Salt Lake City, Utah.

Upon the recommendation of the Censors, Drs. Cross, Hughson, and Liliencrantz were elected members, and Drs. Cross and Liliencrantz forthwith signed the Constitution and By-laws, and paid their assessments.

Dr. Albertson spoke concerning the fact of the appointing of Dr. E. J. Fraser, by the American Institute of Homœopathy, upon the Committee of the World's Homœopathic Convention, urging that Dr. Fraser was not a fit man to represent Homœopathy for this State, and moved that a committee be appointed to report as to what should be done in this matter.

Dr. Pease read a letter from Dr. Pemberton Dudley, of Philadelphia, which referred to the appointment of Dr. Fraser, and doubting the power of the committee to remove Dr. F.; also doubting the feasibility of such

removal, on the ground of a supposed existence of two factions among the Homœopathic Physicians on this coast, and the probability that no one could be put upon the committee in his place who would be acceptable to all parties. He also said he was informed that whatever violations of the Code of Ethics Dr. Fraser may have been guilty of, he had now reformed and was endeavoring to uphold the honor of the profession.

Dr. Geary made some remarks, in which he said a young offender might reform, but when a man of more advanced age, and who deliberately violated all codes, talked of reformation, he did not believe in it. He instanced facts of almost daily and recent occurrence, in which the Code of Ethics were being violated, in addition to older and flagrant violations, which he recited at some length. Dr. Geary did not wish to belong to a society that would receive Dr. Fraser as a member.

Dr. Eckel said he could bear witness to some of the facts stated by Dr. Geary.

Dr. Cushing thought we ought, in the infancy of this Society, to spend some time in purification, and take such action as should place the Society on a firm foundation.

Dr. Geary wished to add that it was not on account of any personal feeling against Dr. Fraser he had spoken, but because of his unprofessional conduct. He instanced his pretended cures of cancer by a paste of his own manufacture, and of his advertisements of such pretended cures.

The question being called for, the motion of Dr. Albertson was put by the President, and, upon vote, was unanimously carried.

The Chair appointed Drs. Geary, Albertson, and Pease as this committee. Dr. Albertson read some resolutions as a suggestion for the committee. Dr. Geary did not favor them, as it appeared too much as if a leader was recognized in their framing.

Dr. Pease moved that in consequence of the limited time in which to consider the matter the motion of Dr. Albertson be so amended that the committee have full powers to present the matter to the Institute in behalf of the Society. This motion was carried.

Dr. Cushing, in addressing the Society, tendered his thanks for the honor shown him by choosing him as its first President. He considered this the first effort at forming a society upon a sound basis that has ever been made upon this coast, and congratulated the Society upon the success attending it. He thought the right course had been adopted of making it a society of thoroughly good men. He could look with pleasure upon the growth of Homœopathy on this coast during the twenty-four and a half years he had been in practice here, but he had been obliged to fight, and although the new-comers would not have as much opposition, still they ought to fight for further advancement, to make it not only popular but respectable. He thought this might almost be considered his valedictory, as he is about retiring from active practice.

Dr. Selfridge read a report of a severe and long-standing case of hemorrhoides, cured with *Æsculus Hippocastanum.*

Dr. Cushing was pleased with the report because it was the record of a case cured with a single remedy.

Dr. Geary had used Æsculus with great benefit, but in cases of acute bleeding piles he has used *Hamamelis*

Virginica. In cases of great inflammation and bleeding he advises the use of hot fomentations, with cold water after stool.

Dr. Selfridge remarked that one reason he had for the choice of the remedy was that the patient felt as if the gut were turned inside out. Those who have lived where the "buckeye" grows, often see the cattle which eat it with the gut protruding.

Dr. Pease read a paper upon "Ovarian Diseases," in which he had more particular reference to tumors of the ovary and the methods of operating upon them.

Dr. Selfridge thought Dr. Pease was a little too sweeping in his statement that unless the pus resulting from an ovarian abscess was discharged through the Fallopian tubes, and so find its way out, that death would be the result, as he had seen a case in which adhesion had occurred at the sigmoid flexure and the discharge had made its exit through the bowels. He related a case which had been pronounced ovarian tumor by an Allopathic physician and an operation solicited, but upon examination he decided it to be pregnancy, which diagnosis was afterward found to be correct, and the patient was glad she changed physicians.

Dr. Pease, in answer to Dr. Selfridge, said that in preparing his paper he had found so much ground necessary to be gone over that he had mentioned only the more common way of exit for the pus.

Dr. Eckel thought the writer was a little old-fashioned in retaining the use of the term *hydatids*, as it was more properly known now as *polypus*.

At this point the meeting adjourned to meet in the Ladies' Parlor of the Y. M. C. Association, at eight o'clock P. M.

According to adjournment the Society met at eight o'clock P. M.

Vice-President Dr. Selfridge in the Chair.

There were present, Drs. Eckel, Geary, Knapp, Selfridge, Ingerson, Wilson, Albertson, Cross, Liliencrantz, and Pease.

Discussion upon the last paper of the morning session was resumed.

Dr. Geary asking for a more particular description of the original method of treating the pedicle after the removal of an ovarian tumor.

Dr. Pease explained that he used a ligature of silk-worm gut to the arteries, cutting them close to the knot and dropping the pedicle within the cavity, and closing the external wound with sutures, covering it with muslin saturated with colodion so as to make it air-tight. The gut of the silk-worm is a perfectly pure animal tissue, there being only enough for one or two ligatures in each gut. He believed it to be the end of the spinning of the worm; after he has done his work the gut is drawn out and washed clean and dried. The silk-worm gut does not act as a foreign substance, but as animal tissue is readily absorbed. The clamp he considered a barbarous instrument, being a weight upon the sensitive abdomen, altogether useless.

Dr. Selfridge remarked that, in the early history of this country, many a Mexican had seemed to thrive after the use of common silk as ligatures in abdominal injuries.

Dr. Geary spoke of the accidental discovery of the value of the "old bath" of photographers—iodide of silver—for applications to ulcers and in place of the more irritating nitrate of silver.

Desultory remarks here followed from several of the members.

Dr. Liliencrantz then read a paper, both interesting and instructive, upon "The Use of Artificial Aids in Labor."

Dr. Selfridge judged from the paper that Dr. L. did not always call counsel in cases of forcep delivery. He did not often do it himself, as he thought the dread of a consultation, and the idea of help being needed, only made the patient more uneasy, and unnecessarily alarmed her. He is in the habit of giving ether in instrumental labor, and uses ether because chloroform is not always safe; has never seen any bad results from the use of ether, while he once came near having a bad result from chloroform. He prefers an anæsthetic because the parts are relaxed and the forceps more easily applied.

Dr. Pease alluded to the accidents that might arise from a mixture of ether and chloroform.

Dr. Cross had never seen bad results from using chloroform.

Dr. Ingerson spoke of the occasional necessity for the use of chloroform, or at least a mixture of it with ether, instead of ether alone.

Dr. Eckel said that in Austria there was a law forbidding the use of pure chloroform.

Some desultory remarks followed upon the merits of different anæsthetics.

Dr. Geary has rarely used the forceps, though he has had some slow cases.

Dr. Knapp read a paper upon, or a record of, a case of accidental proving of Podophyllin, in which he noted the following symptoms as not recorded in any other provings, viz: a very sweet taste in the mouth—every-

thing taken tasting sweet; a peculiar eruption on the skin, being in appearance like "hives," which appeared after scratching, which was provoked by an intolerable itching; also, the symptom of extreme tenderness of the right ovary. A peculiarity noticed was the abatement of the worst symptoms on the third day, and a severe aggravation on the morning of the fourth day.

Dr. Selfridge presented a paper upon "Fracture of the Clavicle and its Treatment," with an illustration upon one of the members of an appliance of his own invention, which seemed superior to all others in use.

Dr. Geary presented a paper, already given to the public, on a "Change of Climate for the Sick."

Dr. Selfridge proposed for membership Clinton Munson, M. D., of Gilroy — graduate of the Hahnemann Medical College of Chicago, and J. E. Nichols, M. D., of Oakland, and, upon recommendation of the Censors and a vote of the Society, the Secretary cast the vote favorable to their election, and they were announced as elected. Adjourned.

HEMORRHOIDS—WITH PROLAPSUS ANI —ÆSCULUS HIPPOCASTANUM.

BY J. M. SELFRIDGE, M. D., OAKLAND, CAL.

On the second day of January, 1871, Mr. A. Basset, of Oakland, Cal., aged 40, a stone cutter by trade, came into my office and gave me the following history of his case:

"I have the piles very bad. I have been suffering for a long time, and have been doctoring for the last fifteen months with nearly every Allopathic physician in town, and they can't cure me. On the contrary, I am getting worse. I have great difficulty in having a passage, and when I do, my bowel turns inside out, and is accompanied with great pain, which runs up into my back and bowels so I have to lie down for three or four hours. On this account I can't have a passage in the mornings for if I did I would have to lose half a day's work. Another thing: my 'manure' is almost black and so sticky that if I take it on a shingle I can hardly throw it off."

These symptoms were so nearly like those given in the proving of *Æsculus Hippocastanum* in Hale's New Remedies that I made the following prescription: Æsculus Hip. 2x, three pills every four hours. Use one half the usual amount of tobacco (he was an inveterate chewer of the "weed"), and report to me in a week.

January 8th. He reports the color and consistency of his passages much improved; also, his ability to pass them. The same prescription was continued.

January 22d. He reports himself well. He has no more piles; no prolapsus of the rectum, has his passages in the morning without pain. The only remaining symptom is a slight feeling of heat after a passage. He was directed to continue the *Æsculus* for a few days longer. About a year ago I inquired after his health, and he reported himself "all right."

Thus, a case which had resisted the purgatives, ointments, suppositories, and what not, of those who arrogate to themselves all the knowledge that is worth having, was cured in three weeks with the much-despised little pill.

ON THE USE OF ARTIFICIAL AIDS TO LABOR.

BY A. LILIENCRANTZ, M. D., OAKLAND, CAL.

MR. PRESIDENT AND GENTLEMEN OF THE SOCIETY:

"*The longer-continued the first stage of labor the greater the danger to mother and child*," is an obstetric law conceded as such by writers and obstetric practitioners of all schools and all countries. Inevitably the question arises in our minds, "What shall we do to shorten it, when continued beyond reasonable limits?" I wish to say a few words as an attempt, in part, to answer that question.

The means at our disposal are of two different kinds, medicinal and mechanical. Among medicines, *Ergot* has been used more extensively than any other, but at the present day I think the profession generally is beginning to appreciate the dangers and many evil effects from its administration with a view to hasten labor. I was taught to use it, and did so, for some time, but of late I hardly ever give it for any other purpose than to stop hemorrhage. Even in post-partum hemorrhage, I place less reliance upon it than upon the hand placed over the pubes, firmly grasping the uterus. But should it be found absolutely necessary to give this remedy, on purpose to stimulate the uterus to greater activity, let it be given in doses of from two to three drops of a reliable preparation, and fre-

quently repeated, in preference to more massive doses, and I am quite sure it will be found to act with much more certainty and greater rapidity. Many times have I seen massive doses forced into the stomach, remain there for an hour, more or less, and finally again ejected thence, having had no effect whatever in furthering the desired end. *Morphine*, *Caulophyllum*, *Macrotin*, *Gelseminum* and several others are all very valuable according to their several and distinct indications. Especially do I like to give the *Macrotin* 3x every morning and evening for about two weeks before the expected confinement, having been led to believe that it has the effect of making the os more easily dilatable. I have no positive data, neither from my own experience nor that of others, to offer in support of this supposition. Any and all medicinal means I think more or less unreliable, and to be considered chiefly as valuable auxiliaries.

Of the *position* of the lying-in woman I wish to say a few words. The usual position on the back is without doubt the most convenient, the best, and *theoretically* the most correct. But here, as elsewhere, at times, practice jars a little with theory, and while I by all means prefer the dorsal position as far as my own convenience is concerned, my rule of conduct is *always to let the woman assume whatever position for which she shows a preference.* The last woman I attended was sitting on and between two chairs, and there she remained until the head was delivered, when, with the aid of two assistants, I quickly placed her on her back in the bed. Repeatedly have I seen the pains become active and labor progress finely after the woman had assumed a standing position, generally between, and supported by, two friends, while the pains again

would become inefficient and slow on resuming the recumbent position. The habit of English obstetric practitioners of placing their patient on the left side has at times advantages the value of which I think American practitioners as a rule do not fully appreciate. Many times, when foiled in some manipulation with my patient on her back, have I succeeded in accomplishing my object after placing her in that position peculiar to the English. I have, for instance, several times been called to primipara, in the first stage of labor, when the os has been so high in the pelvis that I was unable to reach it in the usual way, when, upon turning her on her left side, I found it with comparative ease. Again, sometimes we meet cases where everything seems normal, the os well dilated, vagina large and roomy, but the vertex resting against a more than usually inclined pubic bone, and no amount of uterine contraction sufficient to dislodge it. Usually this is easily relieved by putting one or two fingers between the pubic bone and the head during a couple of pains. But twice have I failed thus to relieve my patient and then, after applying and adjusting the forceps while my patient remained on her back, turn her carefully over on her left side, thus enabling me to bring the handles of the instruments well backward, and extract the head, using no more force than was easily applied with the left hand, unaided.

Sometimes, when it is found exceedingly difficult or even impossible to apply and adjust the instruments in the usual way, it may be done with the woman thus placed. I, of course, do not claim that it always can be done, but sometimes, at least, this will prove a valuable expedient that will help us out of a dilemma.

Among the mechanical means at our disposal I

shall only speak of the forceps. In my opinion—and I have good precedents—as an agent of relief the obstetric forceps, carefully used, surpasses in value by far all other means combined. I am aware that many physicians will and do contradict this, and prefer to have Nature unaided have its own way, even if it takes a fearful length of time and untold agonies to the poor woman. And the reason for this is very plain. The forceps are looked upon as formidable instruments, to be used only on extreme occasions, when the parturient woman has exhausted all her vital energies, and life almost ebbing away; when her sufferings have been so long-continued and agonizing that death seems even more preferable than life; when her husband and sorrowing friends, driven to despair from sympathy with her sufferings, ask for and insist on some kind of interference to save her life, if still possible. And then finally, to cap the climax, there must be whispering councils held, instruments sent for, other doctors called to assist, examinations made, and other grand preparations for a great operation. Under such circumstances I blame no one for dreading the forceps and their use. But fortunately for suffering womanhood, this state of things is passing away. Many physicians have long looked upon these instruments in a better light than this. In reality, the forceps are nothing else than an imitation of and an excellent substitute for the hands of the accoucher. They are stronger, more effective and at the same time gentler than those given us by Mother Nature, and ought not to be dreaded any more than the use of the natural hand. Indeed, I am inclined to think that as many, if not more, children are born dead in consequence of the results of traction with the hand in breech pre-

sentations than as a result of the use of forceps in vertex presentations. On the choice of forceps I do not lay as much stress as some practitioners. I am in the habit of using Prof. Hodge's long forceps, simply for the reason that I am so well used to them, and know their curves so intimately that in their application it seems almost as if my hand could slip them on to the head of their own accord, without any attention of the mind. Some physicians are in the habit of using Elliot's, others Ziegler's, and so forth, each one very naturally being able to do the best work with the instruments with which he is most familiar. In an occipito-post presentation, where it is desirable or necessary to change it to an occipito-anterior, the short, straight forceps are almost indispensable, but that is the only particular condition I now can think of when I could not use my usual instruments.

I always carry my forceps with me to cases of confinement, unless the patient is near my house; and the fact of having them at hand never induces me to use them with undue haste, or without good cause. Whenever I think necessary to use them I do so with as little ado as possible, simply telling the woman that she had better let me help her a little, promising I shall soon see her through; explain the operation to her in the light I see it; act without any sort of hurry, and it is very rarely that I cannot get her full consent and active co-operation. And that is a point to which I attach much importance, fully believing that the chances for a good recovery are much greater when I can remove the mental anguish and anticipations of evil necessarily incident to such occasions.

Chloroform I never administer previous to having the forceps applied and adjusted, and prefer not to

give it at all if I can manage to get along without it, because I am certain that its administration weakens the pains and lengthens the intervals between them, thus retarding the object in view.

The habit of placing the woman squarely across and on the edge of the bed I have not followed for some time back, even in some of the most severe cases; preferring to let the woman lay lengthwise in the bed on her back, placing myself with my right leg behind the footboard, and the left one step forward by the side of the bed, thereby gaining a firm position, enabling me to work with great steadiness and certainty. Should the head of the child be high in the pelvis, making it necessary to bring the handles of the instruments well backward, I generally make the woman turn on her left side, rather than on to the edge of the bed. The too common habit of throwing off almost all the clothing, unnecessarily exposing her person during the application and use of the forceps, is to me as disgusting as it is uncalled for, the sense of touch being abundantly sufficient for all ordinary purposes. And I know of nothing that will more certainly insure the gratitude and friendship of our patient than a due sense of delicacy in this regard, whether it be in obstetrics or gynæcological practice.

I never oil my instruments previous to their introduction, because I can see no valid reason for so doing, and think it rather objectionable as tending to increase the chances of having them slip. Dr. G. Hamilton, of Falkirk, England, strongly recommends the smearing of the inner surface of the blades with India-rubber paste, and though I have never used it as yet, I can easily imagine it to be a valuable expedient, and one I shall not forget to make use of when opportunity presents.

To tie the handles, thus producing constant and unyielding compression of the head, or to apply continued and unremitting traction, is, in my opinion, bad practice—fraught with much danger to mother and child. I invariably let the forceps entirely out of my hands in the intervals of the pains, and if there *are no* uterine contractions, I still act in the same way, imitating the natural pains.

When is the proper time to resort to the use of forceps? That can only be answered approximately. Several good authorities tell us to use them after having waited for about two hours after the commencement of the second stage. It should be something very urgent that would induce me to apply them any sooner than this. In many cases, where the head is large, it requires somewhat longer time to mold to the shape of the passage, and as long as it remains movable, I should be disposed to wait more than two hours, especially in cases of primipara. Again, if it remains stationary, no alternations of advancing or receding taking place, I should feel in duty bound not to wait long before rendering assistance. In cases where the pains are weak and inefficient, and the woman nervous and debilitated, other things being favorable, I apply and deliver. In cases where the pains are violent and almost continuous, and no corresponding progress toward delivery, I would not dare to leave the patient long without aid. In puerperal convulsions forceps are often the best means at our command, but at times turning or medicinal means take the precedence. In breech presentations, after the body and shoulders are delivered, if the head does not readily come away by the proper manipulations, I never apply much traction to the shoulders, but prefer applying the for-

ceps, taking care always to have the handles toward the chest of the child. In cases of extreme nervous irritability it is sometimes absolutely necessary to deliver by means of these instruments.

I cannot enumerate all conditions which may call for interference of art, because each case must, to a great extent, be judged upon according to its own peculiar merit.

And, in concluding, let me remark that I believe thousands of women, having learned by experience, can with all their hearts join me in saying that, "As an agent of relief to the parturient woman, the obstetric forceps, carefully used, surpasses in value, by far, all other means combined."

OVARIAN DISEASES.

BY G. M. PEASE, M. D., SAN FRANCISCO.

Of the history of ovarian diseases there seems to be but very little known as illustrated by ancient literature. The *functions* of these organs were undoubtedly known to the anatomists as early as 200 B. C. The works of Ætius and Paul of Ægina make no mention whatever of ovarian diseases.

The operation of ovariotomy was never systematically performed before the year 1809, which shows how recently only have the profession, even of modern times, fully understood the subject. But during the last fifteen or twenty years the progress made illustrates the fact that lost time was being made up.

The diseased conditions of the ovaries have been fully investigated, and their diagnosis reduced to a science. Surgical operations of the most apparent impossibilities and dangers have been made, followed by such successes as make them legitimate and justifiable. Although to this day the physicians of the old school are still in the dark as to the therapeutic treatment of ovaritis, the Homœopathist has no doubts, but straightway masters all the apparent difficulties, and what was the bane of the former gynæcologists is now only regarded by a Homœopathist as a subject for perhaps a little more careful study, with a certainty of a successful issue.

There are several varieties of diseases affecting the ovaries, the most important of which are atrophy,

hypertrophy, apoplexy, inflammation, and tumors, and I will speak only of the two latter. By the term "ovaritis" we mean an inflammation of the tissue comprising the ovaries; there are two kinds, acute and chronic, and are both somewhat difficult of diagnosis. In the acute form, unless the resulting abscess or suppuration should be discharged through the Fallopian tubes into the uterus and find a passage out in that way, death is sure to follow from the inflammation caused by the pus in the peritoneal cavity.

Ovarian Tumors.—There are three forms of these tumors — fluid tumors — solid tumors — composite tumors.

To be exact in nomenclature, only those which are strictly within the structure of the ovaries should be classed as fluid tumors, but since it is difficult to always draw the lines of differentiation, it is common to class under that head hydatid cysts, ovarian cysts, and cysts of the broad ligament. Hydatid cysts may develop in the ovary, but so rare are they that it is hardly worth any extended comments. Ovarian cysts are those that develop within the substance of the ovary. It is a mooted point with pathologists as to the origin of these cysts. Every cyst has three coats—some external and serous, made up of the peritoneal lining of the ovary; another, fibrous and vascular, consisting of the enveloping stroma much altered; and the third, a thin, shining coat, composed of fibrous structure, epithelial cells, and sometimes a deposit of cholesterine from the contents of the sac.

These cyst-walls may become so thick as an inch or an inch and a half. One case upon which I operated a few years ago presented a cyst-wall nearly two inches thick; in fact, so thick were the walls that

though the whole tumor weighed eleven pounds, only two pounds of fluid was contained within the sac.

These fluid tumors may assume several forms, unilocular, multilocular, multiple. The unilocular is simply a dilatation of a Graafian follicle; but it may go on to an immense size. The multilocular cyst is one in which smaller cysts develop either upon its internal or external surface. The multiple cyst is simply the development, side by side, of several Graafian follicles or of cysts developing independently. They are bound together by one envelope, but are, at the same time, cysts by themselves, and entirely independent of each other, though they are bound together by one envelope. Intercommunication *may* take place, but only of an accidental occurrence.

In the multilocular or multiple cysts the fluid contents are usually not as clear as in a unilocular cyst. It is frequently as thick as the white of an egg, or cold molasses, and sometimes cannot be made to run through a large canula.

It is of various colors, sometimes yellow, brown, red or coffee-colored, and in some cases like pus.

A case upon which I operated nearly four years ago presented several colors and degrees of consistency. One cyst was of a bright amber color and would flow through the canula; another was of a dirty-brown and semi-solid; and still another was quite red and bloody; while a fourth contained a mixture of amber-colored fluid, with pus, in different degrees of fluidity.

As I have before noted, there is a variety of ovarian tumors called the solid tumor, which is the enlargement, by congestion or otherwise, of the substance of the ovary. A common form of solid

tumor is that of the schirrus. Again, we have the composite, which is both solid and fluid. The most common of these is the fluid tumor, and next will come the composite, for, although in the cystic formations there is frequently an atrophy of the ovary, yet quite as often is there a considerable degree of hypertrophy. From my own personal observation and research I am inclined to think that the atrophy of the ovary is more common in the unilocular cystic formation than in either of the other two forms of fluid tumors.

As to the cause of this ovarian disease there seems to be no settled opinion, but age seems to have some bearing upon it, and it is undoubtedly owing to excitements of different kinds during the age or duration of the menses, the most common ages being between twenty and forty.

A patient with an ovarian tumor rarely has any evidence of its existence until it has increased to such a size as to make itself felt above the brim of the pelvis, or until the abdomen has increased in size. When the surgeon is consulted, soon after the tumor has left the pelvis he will find it varying in size from that of a hen's to a goose's egg, and not unlike it in shape. It will be found to occupy a position to one or the other side of the mesial line. The best position for the patient to assume during an examination is probably upon the back, as, if the walls of the abdomen are thin, the shape of the tumor can be seen. But I am not usually content with this position alone, and request the patient to lie upon either side, and also to stand upright. To the touch it will usually be found to be circumscribed, somewhat elastic, usually movable, and to a considerable

degree prominent, and is rarely sensitive. At an early stage the general health may not be essentially affected. As the increase in size takes place it rises above the fundus of the uterus; it may take a more central position, and the patient may not become aware of its presence, because of having experienced no inconvenience from it, until it occupies the middle of the hypogastric region, and then she notices it only on account of her increased size.

As the tumor increases in size, gradually encroaching upon the abdominal cavity and pressing upon the viscera, it becomes less and less movable. Still it is marked in its shape, is elastic, and decidedly prominent. If the tumor be of the multilocular cystic form, the fluctuation is not so distinct, and ridges may be felt over the walls of the tumor. The presence of an ovarian tumor may be entirely devoid of constitutional symptoms, and the entire freedom from symptomatic derangement is a point of great diagnostic value in simple cystic disease, while if a different state of things exist it points strongly to the existence of malignant disease, or a more solid form of pelvic tumor; still, it is not uncommonly the case that a tumor which has assumed such size as to displace the neighboring viscera and compress them into a narrow compass will, no matter how simple or benign in its character, produce the most distressing symptoms. In the diagnosis, the existence of the menstrual flow is not at all contradictory of the presence of a tumor, since one ovary may be in a healthy condition; or, if both are tumified, there still may be some of the Graafian follicles in a healthy condition. And what is more remarkable as a physiological fact, the removal of both ovaries is sometimes followed by a regular red dis-

charge, even for years and until it is arrested at the usual climatic period. Should a patient present herself with an enlarged abdomen and we suspect an ovarian tumor it is not always easy to make a diagnosis, and it is only by differentiation that we may be able to arrive at a conclusion. Those complaints most liable to be mistaken for ovarian tumors are fecal accumulation, extra uterine pregnancy, normal pregnancy, uterine fibroids, ascites, hydatids, distention of uterus by fluid. I will only note the differences between the two most important — those of uterine fibroids and of ovarian tumors—since they are often the most easily mistaken the one for the other.

First.—In uterine fibroids there is usually menorrhagia. In ovarian tumors menorrhagia does not exist as a symptom.

Second.—In uterine fibroids the uterus, measured by the sound, is enlarged.

Third.—In uterine fibroids the mass feel per vaginam is irregular, and continuous with the uterus. In ovarian tumors the mass is smooth, and *not* continuous with the uterus.

Fourth.—There is generally leucorrhœa in uterine fibroids, while in ovarian tumors there is none.

Fifth.—in uterine fibroid the sound placed in the uterus, and made to move the uterus, the tumor, felt by the hand on the abdomen, moves also, whereas, in ovarian tumors the tumor does not move.

Sixth.—In ovarian tumors the uterus is not so markedly displaced as in uterine fibroids.

Seventh.—In uterine fibroid the tumor is always hard, while tumor of the ovary, if fluid, fluctuates.

Having decided the tumor to be ovarian, it is next necessary to know its type, and when doubt exists, an

explorative tapping should be resorted to. If of fluid form, we might like to know whether it is multilocular or not—as a rule, if very large it is multilocular, but our explorative tap will reveal the character by the appearance of the escaping fluid. To help us in prognosis we desire also to know if there are adhesions. If it has developed rapidly, there are probably no adhesions, while, if of slow growth, and there have been pains and inflammation, we can expect to find more or less adhesions. The limits of this paper will not allow me to investigate the causes of these tumors, and I will simply state that whatever tends to produce congestions is undoubtedly the main cause of their development. In hundreds of cases, persons afflicted with ovarian disease abandon themselves, and are abandoned by their medical advisers, to a slow and painful yet certain death, because of the great danger which formerly characterized the operation of ovariotomy. Others, again, submit themselves to a prolonged course of treatment by some physician who vainly hopes, by medicines administered internally, or by blister, iodine, or other applications externally, to effect a reduction of the tumor, until the period has passed when an operation would have offered the largest probabilities of success. In yet other cases medical men have contented themselves with repeatedly tapping ovarian cysts, which, at best, under this process, have first become multiple, and then by cancerous degeneration have hastened the sufferers into untimely graves.

It may safely be stated that there is no efficient treatment for ovarian cysts but that of extirpation. Some few cases have undoubtedly recovered under other treatment, but they are exceptional, and it is not

wise to follow them as guides, else we shall surely be led on to disaster and death.

It is the tendency of all these tumors to degenerate into a cancerous condition, or, at best, to form such extensive adhesions as to draw more directly from the life and vitality of the patient; hence, viewed in this light, it becomes the duty of the medical man to advise the extirpation of the ovarian cyst as soon as it shall have reached a size sufficient to exert any considerable pressure upon the surrounding viscera. Beyond this there is no safety in allowing them to remain, and there is practically no hope of relief in any other direction. The surgeon should even advise against tapping, unless under the pressure of circumstances, for temporary relief, because it delays an efficient remedy, and because the operation of tapping is not free from hazard, since out of the recorded cases treated by tapping nearly twenty per cent. died within a few days from the first operation.

The mortality from ovarian operations, if not too long delayed, may be reduced to a small percentage, and hence ovariotomy, if skillfully practiced, may be resorted to with very little hesitation. Very rapid strides have been made since the first operation was performed by Dr. Ephraim McDowell, of Kentucky, in 1809, and we have not ceased yet; but the main points of difference between surgeons seem to be, or to have been, as to the methods of treating the stump or pedicle after excising the tumor. As early as 1866, I was led to believe that the use of clamps was an entirely useless proceeding, and in my first operation after that conviction I made a bold stroke toward freedom from their use, and with such success as to demonstrate, beyond a cavil in my own mind,

that clamps were decidedly injurious. Some of the great objections which had been held out against the return of the pedicle to the abdominal cavity has always been the fear of hemorrhage, which, after the closure of the wound, could not be arrested readily; another, that ligatures to the severed arteries would cause suppuration, because acting as foreign bodies, and the absorption of the resulting pus would produce peritonitis or septicemia, and consequent death. All this I obviated by procuring what was called silkworm gut, which was purely animal tissue, and furthermore, to protect against undue suppuration, I soaked the gut in a ¼ solution of carbolic acid; carbolic acid was also freely used as a dressing to the outside wound, and my patient made a fine recovery. In every case, I have followed the same plan, and, although all the cases have not been of simple form, I have never had cause to regret my action, since recovery has been the unexceptional result.

Nearly four years ago, Dr. G. D. Beebe, of Chicago, published the report of eight cases operated upon by him, in which he entirely discarded the use of the clamp. In a few of the cases he adopted my method of treating the stump; but afterward he discarded even the ligature, using torsion instead, saying "that torsion of an artery, if it fails at all, will fail upon the operating-table, where it can be remedied, and under its use secondary hemorrhage is unknown."

It will be seen that Dr. Beebe dared to fly in the face of what was supposed to be the only true method of treating the pedicle, and his reasons are very logical, and not only logical theoretically, but practically.

There have been almost as many plans for treatment of the pedicle as there have been operators, and

I well remember my own thoughts and feelings regarding what method it was best to pursue prior to my first operation, and I must say that it was with some considerable anxiety that I determined to adopt the plan which I have ever since followed, though I could find no authority whatever in favor of such a method.

In operations of ovariotomy very much depends upon the medical after-treatment, and it is here that Homœopathy can stand unequaled, and the results of Homœopathic operators show a much less percentage of loss than those of the old school.

A NEW APPARATUS FOR FRACTURED CLAVICLE.

BY J. M. SELFRIDGE, M. D., OAKLAND, CALIFORNIA.

MR. PRESIDENT AND GENTLEMEN OF THE PACIFIC HOMŒOPATHIC MEDICAL SOCIETY:

It is not my purpose in this paper to exhaust the subject of fractured clavicle, but, while glancing cursorily at it, my principal object is to present a new and, as I think, a better apparatus for its treatment than has hitherto been offered to the profession.

In the time of Hippocrates, as you doubtless all know, the treatment of fractured clavicle was simply the "recumbent posture." Since his time, however, the methods invented for overcoming the irksomeness of this position have been very numerous.

The *indications* for the treatment of this fracture have always been the same, to wit: That, in order to bring the fractured bone into proper position, "the shoulder must be carried upward, backward, and outward." But how to fulfill these indications has puzzled many of the finest minds known to the profession. Nay, it may well be doubted, as has been said by Hamilton, if the indication to "carry the shoulder out" has ever been accomplished by *any* apparatus.

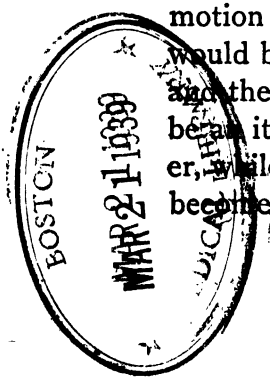
Without stopping to notice the causes that prevent the accomplishment of this indication, I will proceed to mention *two* of the many hundred contrivances that have been presented for the treatment of this par-

ticular fracture, viz: The adhesive strap dressing recommended by Gross, which you will find described in his System of Surgery, Vol. 1, page 899, and Fox's apparatus, which consists of the ring and sling, variously modified.

I select these, because doubtless the best hitherto in use, and in this country, probably, more extensively used than any others, in order that I may compare them with the one here presented.

By turning to the description given by Gross of the adhesive plaster dressing, you will observe that he places "the elbow against the antero-lateral aspect of the chest, while the forearm rests against the front, the fingers across the opposite clavicle." This, you will observe, is the position recommended by Dessault and others. This position is maintained by the means of "plasters cut into adhesive strips of appropriate length, to reach around the limb and shoulders, so as to form, in the first place, a kind of immovable sling, and, secondly, to fasten the arm to the trunk." This dressing will undoubtedly stick much better than the interminable bandaging of Dessault, who recommends the same position of the arm. It could be applied to men, but in the case of women with large mammary glands, or those who are nursing children, its use would simply be impracticable.

Furthermore, should it become necessary to change the position of the arm, for example, to induce passive motion of the elbow-joint, the removal of the strips would be attended with considerable pulling of hair, and the time required to remove and readjust would be an item of some importance to the busy practitioner, while the constrained position of the arm would become exceedingly tiresome to the patient.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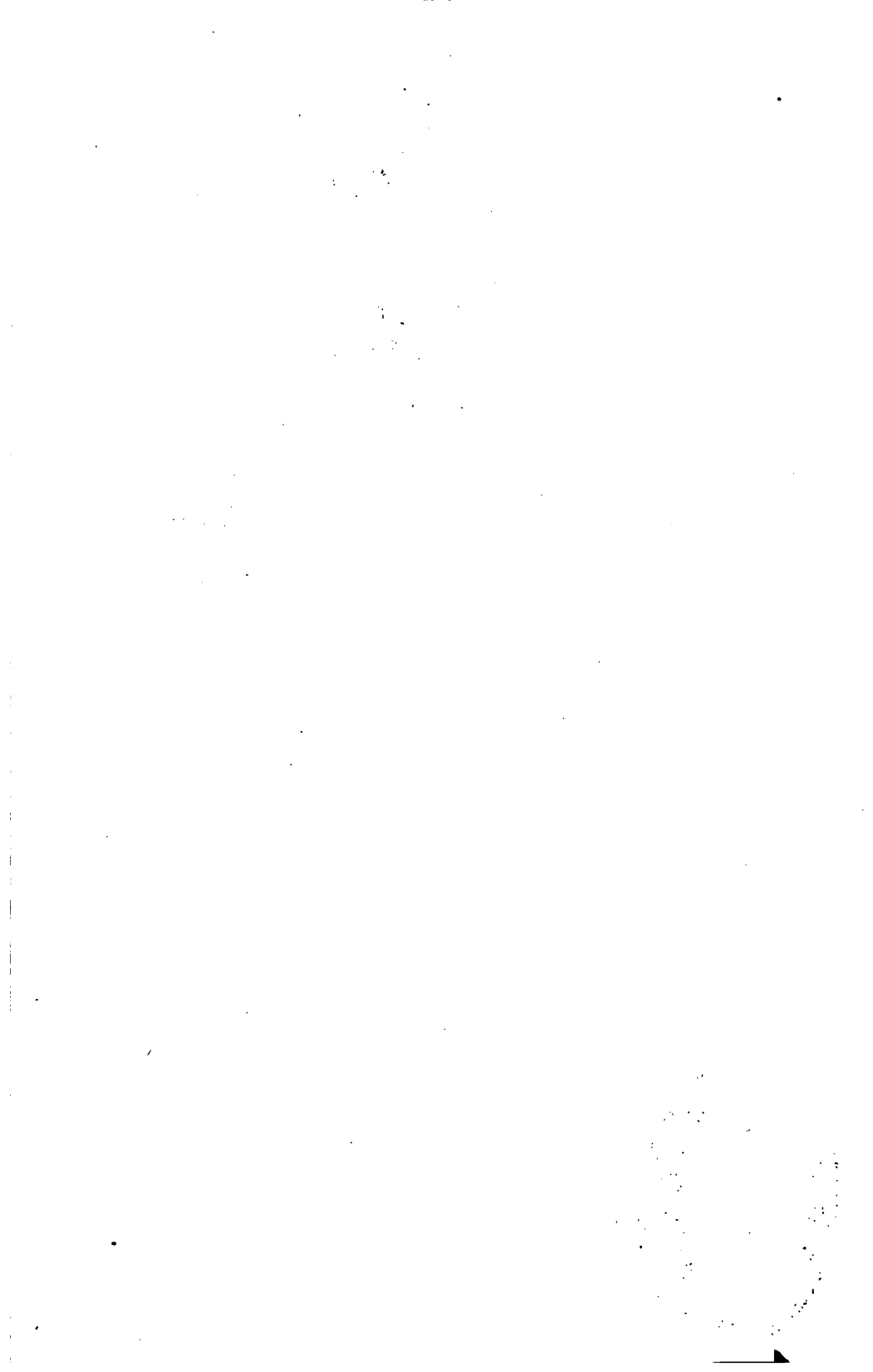


. 1-Shoulder piece. B-Body piece.
11-Receive Straps from Axillary Pad.
22 ,, ,, ,, Sling.
33-Increase or diminish the size.
44-Receive Straps that goes around the body.
5- Loop, through which passes the elbow Strap.
66-Sliding loop.

Fox's apparatus is probably more extensively used in this country than any other. Professor Hamilton recommends it in the following strong language, to-wit:

"Among the considerable variety of dressings which I have used, this, with or without such modifications as I shall presently suggest, has seemed to me most simple in its construction, the most comfortable to the patient, the least liable to derangement (if I except Valpeau's dextrine bandage), and as capable as any other of answering the several indications."

Professor Hamilton is high authority and believes what he teaches. But I pity the poor patient if Fox's apparatus "is the most comfortable in use."

The fact is, it is a most uncomfortable instrument. The stuffed ring, bearing as it does on a small portion of the shoulder, soon becomes a source of great pain, necessitating the frequent shifting of the point of pressure by the introduction of soft compresses; and when in the recumbent posture there is no position in which the patient can lie with comfort; hence sleep is well-nigh impossible.

Furthermore, it needs great care and frequent attention to keep it properly adjusted, for the reason that the strings which attach the sling to the stuffed ring are always stretching, and hence the apparatus is frequently getting loose and the fracture liable to get out of place. Such, at least, has been my experience in the treatment of several cases in which I have used it.

The instrument I here present, which is well represented in fig. 1, is, in almost every respect, to be preferred. It is easy of application. There is no slipping of straps. Buckles being used instead of strings, it can be adjusted with great exactness, and when read-

justment is desirable for the purpose of passive motion, rest, or bathing of the limb, it can be done in a moment, and that, too, without disturbing the seat of fracture. In point of *comfort, it challenges competition;* in fact *it has no peer.* It can be worn about one's business by day, and slept in by night with little or no inconvenince. For example, I once had a patient, a farmer, with a fractured clavicle, who wore it and plowed nearly every day. Also, another, who used to go to town, get "as drunk as David's sow," and drive his fast horse home at night as if the Old Nick was at his heels. In both these cases the cures were good ones. I have used it on children, in one case two and a half, and in another four years old, who wore it without complaint, and slept without rocking.

The instrument here represented has been used on children ten years old, but in the case of the patient two and a half years old, an instrument of the required size was made by a shoemaker—the sling and pad being made by the mother.

This apparatus was intended to overcome the difficulties met with in a case I once had, which I will now briefly relate:

In the Winter of 1856–7, while practicing in Wintersett, Iowa, I was called to see a lady aged about twenty-five, who had received an injury of the shoulder—having been knocked down and stepped on by a horse. I found the right clavicle fractured at its middle third. She had a young babe of four months, which she nursed. I applied Fox's apparatus, which did as well as it ever does, until the little joker undertook to get his dinner from the left breast. He could not do it, for the reason that his forehead came in contact with the stuffed ring before his mouth touched the

Fig 2.

A-Shoulder piece. B-Body piece.
1-Strap from axillary pad. 5-Elbow strap which passes
2. Axillary pad. under forearm through
3-Straps from sling. loop 5. (See Fig1.)
4-Sling for arm. 6-Straps around body.
7-Sling for hand.

nipple, consequently there was a great squall, and the apparatus had to be removed. How to overcome the difficulty with comfort to the patient was the problem. My first thought was to cut a piece of strong leather similar to the shoulder-piece A (fig. 2), with buckles attached, and of sufficient length to close in the armpit. This was done, well padded, and applied. But I soon found the weight of the broken shoulder draw the pad against the axillary vessels with sufficient force to obstruct the circulation in the arm; this, of course, would not do, and, after some thought, the idea of the body-piece B (fig. 2), suggested itself to my mind. This is also a piece of strong leather, so cut as to fit the side of the chest, and is attached to the shoulder-piece by buckles 3 3 in such a manner that the size of the instrument can be increased or diminished at will.

The buckles 4 4 receive the strap that passes around the waist and confines the body-piece to the chest.

The loop 5, in the middle of the body-piece, receives the strap that passes over the point of the elbow and under the forearm; this strap serves the double purpose of keeping the arm confined at the side, and at the same time receiving a portion of the weight of the disabled shoulder. Thus improved, it was applied, and the patient kept under observation for three or four days, when she was allowed to go to her home, eight miles into the country, where she remained four weeks, wearing it with entire comfort to herself and child, nor was it once readjusted during the whole period. At the end of this time the instrument was removed, the union was perfect and without deformity.

The instrument should first be increased or diminished to the size of the patient, then applied to the

sound shoulder, and the body-piece fastened snugly to the body by means of strap 4 (fig. 3). After placing the pad in the axilla, raise the shoulder and fasten the straps in the buckle 1 1 (fig. 1). Then place the forearm in the sling, and the elbow in the proper position, while an assistant fastens the strap in buckles 2 2 (fig. 1). A sling for the hand may be buckled in front, as seen in fig. 2. Lastly, fasten the elbow-strap 5 (fig. 2) to the sling with small safety-pins (for ease of adjustment to either side), pass the strap under the forearm, as in fig. 2, then through the loop 5 in body-piece (fig. 1), and buckle sufficiently tight to confine the elbow to the trunk, without compressing the brachial artery and nerves.

RECAPITULATION.

The advantages claimed for this, over any other apparatus with which I am acquainted are:

1. The ease and rapidity with which it is adjusted, requiring but a few moments for the whole operation.

2. Re-adjustment is seldom necessary, from the fact that the straps are made of non-elastic material, and, therefore, do not stretch; and the buckles prevent slipping, while they allow the greatest nicety of adjustment.

3. The perfect ease with which it is worn, allowing the patient to assume any position he may choose, with comfort, and even pursue his ordinary business.

4. It can be made by an ordinary harness-maker, and at a trifling expense.

5. After nineteen years' use of it, in the treatment of cases in the old and young, I am confident it fulfills the *three indications* BETTER than any apparatus I have seen, and I therefore most respectfully recommend it to the consideration of the profession.

Fig 3.

A-Shoulder piece. B-Body piece.
1-Strap from Axillary Pad. 4-Strap goes around body.
2- " " Sling. 5-Axillary Pad.
3- Elbow Strap. 6-Sling.

CASE OF ACCIDENTAL OR INVOLUNTARY PROVING OF PODOPHYLLIN.

BY H. KNAPP, M. D., SAN FRANCISCO.

Miss Ida W., age about 20; bilious temperament; somewhat chlorotic; generally well except constipation and scanty and somewhat painful menstruation. On recommendation of a neighbor, procured twenty-five cents' worth of Podophyllin of a druggist, and put what she supposed to be half a grain in a capsule, and took it, Sunday evening, March 21, 1875, about ten o'clock.

In the night felt pain in the stomach, and about three in the morning nausea and severe pain in the bowels. About seven, Monday morning, vomited the contents of the stomach and then considerable bile; felt better until about ten A. M.; vomited again, and bowels moved twice, but not copiously, attended with very much pain and deadly nausea.

The pain in stomach and bowels, and nausea continuing to increase in severity, her father came for me in the evening. Saw her at eight o'clock, and learned the foregoing history.

As the pain in the stomach was attended with much thirst and burning sensation, and great sense of prostration, prescribed Ars. album, to be given once an hour or two, and ordered hot fomentations to be applied to the bowels, and if any more vomiting a half

teaspoonful of clear, strong coffee, occasionally after the vomiting. The next morning her father reported that she had vomited only once during the night, and appeared better. Sent word to continue the medicine. In the evening he called at the office, and said that she had vomited some more during the day, and in the afternoon had a chill, followed by some fever and headache. Sent her Gelseminum, to be taken every hour or two, and Ipecac, to be given after the vomiting. Saw her next morning, Wednesday, about ten o'clock, found her pulse 100, very thirsty, great tenderness over the stomach and bowels, scarcely bearing the pressure of the bed-clothes; no vomiting during the night, and no movement of the bowels since Monday, but felt like it several times. Pain in the bowels occasionally, but not so severe; some fever and headache; tongue white; urine very red. Continued Gelseminum and ordered injections of soap and water, and Ipecac, if any vomiting, with orders to send for me if she did not continue to improve, hoping that the Podophyllin had spent its force, and that she would now convalesce.

Next morning, Thursday, summoned in great haste. Responded promptly, and saw her about half-past nine A. M. On inquiry found she had had a good discharge of the bowels, from the injection yesterday; had vomited no more; not so much pain in stomach or bowels, though quite tender; had eaten two small crackers during the day, yesterday—the first retained since Monday. Rested well during the night, and on awaking this morning thought she felt well enough to get up, but her mother kept her in bed, and as she felt some appetite gave her some toast. Soon after eating it pain commenced in the stomach, extending

into the bowels, increasing with such severity that she could not resist screaming at every breath, alarming even the neighbors. Several came in, and as every one had a remedy, she was given hot whisky-sling, Jamaica ginger, peppermint, and paregoric, and finally placed in a hot bath, soon after which she vomited every thing they had given her, and got easier. When I arrived she was in bed, wrapped in flannels, and sweating finely.

At this time, pulse 110, very thirsty, and tender over stomach and bowels, increased by the least motion; could scarcely bear to be touched; very nervous and crampy; spasmodic sensation in right thigh and leg. Continued Gelseminum with Dioscorea if much pain in bowels. Saw her again in the afternoon; pain had extended into the lower bowels and right ovary; more pain and cramps in right leg; pulse 116, still thirsty; white fur on the tongue, except the centre, and everything tasted sweet; tenderness and some bloating of lower bowels. Discontinued Gelseminum and Dioscorea and gave Veratrum viride and Nux, with hot fomentations over the bowels.

Friday morning, 26th. Saw patient about ten A.M.; pulse about 100; had rested some during the night. Still very tender over lower bowels; pain in right ovary and uterus; urination painful; continued medicine and inserted Belladonna supposatory for the vaginum.

Saturday, 27th. Had three discharges from the bowels yesterday — green, watery, and painful; vomited green bile once; pulse 100; tongue whitish fur, except in centre; less tenderness in stomach and bowels; occasional sick, faint, sinking feeling at stomach. Gave Iris Versic., and continued Veratr. viride.

Sunday morning. All symptoms better. Vomit-

ed green bile once yesterday; had two green, watery stools; not so much pain or tenderness; can bear more pressure over the bowels; retains a little chicken-tea on the stomach; pulse 100; no thirst; urine more free and lighter-colored. But a new symptom has appeared this morning: an intolerable itching of the skin on the body and arms. On scratching, it raises up in blotches like hives; occasional sick, faint feeling at the stomach; tongue light-brown fur. Gave Pulsatilla. In the evening her father called; said she had five thin, watery, green discharges during the day, with considerable pain and griping. Sent Baptisia to give with Pulsatilla alternately, and would see her in the morning.

Monday, 29th, eleven A. M. No more stools during the night; pulse 98; tongue furred in centre, red about the edges; stomach retained some food; eruption disappeared. Continued the Baptisia and omitted Pulsatilla.

Tuesday, 30th. All symptoms about the same; only a few green, watery discharges continued, attended with tenderness. Continued Baptisia and gave Merc. viv. 3d trit., in alternation.

Wednesday, 31st. Patient improving, some appetite, pulse 96. Left her to convalesce.

This case may not appear to any of you as particularly worthy of reporting, but there are a few points to which I wish to call attention, and which may, perhaps, be classed as new symptoms of Podophyllin, to wit: the *sweet taste*, the eruption of the skin and extreme tenderness of the right ovary, none of these being mentioned in the American provings. Another peculiarity was the abatement of the worst symptoms on the third day, and the severe aggravation on the morning of the fourth.

I was told at first that she had taken only half a grain, but subsequently found that she had taken two grains; and, as it was taken in a capsule, and late in the evening, may have modified its action somewhat the first few days, but intensified it afterward, thus accounting for the aggravation on the fourth day.

Coe, in his work on concentrated remedies, advises sour milk or buttermilk to be given as an antidote to an overdose of Podophyllin; but as the symptoms were not very severe at my first visit, and supposing she had only taken half a grain, concluded Arsenicum would be sufficient to relieve the gastric symptoms, which it did. Then, the next day, the chills and fever and headache gave way to Gelseminum, and all the symptoms but the tenderness in the bowels and stomach disappeared by the morning of the fourth day, when, after eating a little toast, all became aggravated, and the last proved much worse than the first, which, I suppose, may properly be denominated the secondary symptoms of the Podophyllin. The free use of Gelseminum in modifying the primary symptoms may have helped to increase the secondary, as Coe says that Gelseminum aids the action of Podophyllin on the liver.

The case evidently presents two sets of symptoms, the primary and secondary, both as to time and quality, or intensity; hence the apparent necessity of the changes and alternations of remedies to meet the symptoms.

Whether we learn anything from the case or not, I think there is no question but that the girl *will*, for she had a pretty severe trial, and she declares she wants no more medicines from drug stores, on the recommendation of her neighbors.

NOVEMBER 3, 1875.

Pursuant to call, the annual session of the Pacific Homœopathic Medical Society was convened in the upper hall of the Young Men's Christian Association, at ten o'clock A. M.

There were present Drs. Albertson, Cushing, Geary, Eckel, Liliencrantz, and Pease. There were also present Drs. Ledyard and Anna Warren.

The President, Dr. J. J. Cushing, occupied the chair, and called for the reading of the records of the last session. There being no objection made, the records, as read by the Secretary, were declared approved.

Dr. Albertson said that as a movement was on foot to introduce a bill before the coming session of the Legislature, by the members of the Allopathic Society, for the suppression of quackery, he would move that a committee be appointed to frame a bill to be presented, in case the bill presented by others may not be deemed just.

Drs. Geary and Selfridge made some remarks upon the subject, thinking it might not be necessary to take any positive action, but only to watch the proceedings, and then adapt something to the circumstances.

Dr. Albertson thought we ought to be ready with our bill, in order that, at the the right time, it could be presented. He said that, in conversation with one of the Senators, he was assured that if the bill presented by the Allopaths was not a just one, he would offer as a substitute any bill Dr. Albertson would give him.

Dr. Geary, referring to a clause in the bill as proposed by the Allopaths, which refers to the examination of all who are to practice medicine, said that the

legislators cannot pass a law to examine those who have already been examined by the best colleges of the world.

Dr. Warren said that in Kansas the Legislature tried to pass a similar law requiring examinations; but failed because it was pronounced unconstitutional.

Dr. Geary said that in England they tried to pass a bill that no person should practice Homœopathy, but it was so modified as to make it an offense for any one to question the practice of a person who had once passed his examination and become entitled to practice medicine or surgery.

Dr. Albertson said that with the consent of his second he would move that a Committee of Three on Legislation be appointed, with power to act as they may deem best for the good of Homœopathy. This motion was simultaneously seconded by Drs. Geary and Selfridge. Upon being put to vote it was carried. The Chair appointed as this committee Drs. Pease, Albertson, and Selfridge.

On motion of Dr. Selfridge the meeting now adjourned till eight o'clock in the evening.

EVENING SESSION.

At eight o'clock the Society met in the parlor of of the Y. M. C. A. Vice-President Selfridge occupied the chair. There were present Drs. Geary, Ingerson, Beakley, Liliencrantz, Pease, Selfridge, Albertson, Eckel, Ledyard, and Brown. Also present Drs. Warren and Poulson.

There were proposed for membership Dr. G. H. Jenks, of San Francisco, who graduated from the Hahnemann College of Philadelphia, in 1875; Dr. D. M. Brown, of Los Angeles, from the Cleveland,

Ohio, College, in 1861; Dr. W. E. Ledyard, of San Francisco, from college in Canada; Dr. P. W. Poulson, of San Francisco, from the New York Homœopathic College, in 1866.

The Censors reported favorably upon the names of Jenks, Brown, and Ledyard, and by a vote of the Society the Secretary cast the vote of the Society for each one separately, and they were declared elected; and Drs. Brown and Ledyard then and there signed the Constitution and By-laws, and otherwise qualified themselves as members.

This being the annual meeting, an election was now held, which resulted in the choice of the following for officers, for the ensuing year:

President, Dr. J. M. Selfridge.

Vice-President, Dr. H. H. Ingerson.

General Secretary, Dr. G. M. Pease.

Treasurer, Dr. J. A. Albertson.

Censors, Drs. Geary, Liliencrantz, and Eckel.

The Secretary next read a communication from Dr. F. H. Thomas, lately removed from San Francisco to Colorado Springs, Colorado, in which he gave a description of the place, and the influence of its climate upon asthmatics.

Dr. Liliencrantz presented and read a paper entitled, "Notes on Hemorrhage during Pregnancy."

Dr. Selfridge related a case where a placenta had been retained for five weeks, and no decomposition had taken place, and it was finally discharged.

Dr. Geary was once called to a case where there was a slight hemorrhage, when, on introducing the finger, it was met by something hard which scratched. On using a speculum he found a bone projecting from the os, which he removed, and he finally took away

piece after piece, until the whole skeleton was removed; all the bones being clean, and free from flesh. The hemorrhage was slight, but ulceration was quite extensive.

Dr. Albertson thought that as soon as the fœtus is gone the membranes act as a foreign body, and should be removed as soon as possible.

Dr. Pease related a case of a *post-mortem* he once made. The patient, an old maid, had a large tumor of the uterus, as was supposed. Upon opening the abdomen, the uterus appeared nearly as large as a hat; this was cut through, and revealed within the cavity an ossified ball simulating in appearance a fœtal head. One side was a little flattened, and the semblance of sutures was traceable. The size of this mass was nearly that of two fists. The walls of the uterus were much thickened. Dr. Beakley has met with two cases in which balls of hair were found in the uterus.

At this point, as it was getting late, it was decided to hold another meeting, and for that purpose an adjournment was had, until eight o'clock the next evening.

NOVEMBER 4, 1875.

Agreeable to adjournment the Society met at the house of the Secretary, at No. 10 Ellis street. Dr. Selfridge, President-elect, occupied the chair. There were present Drs. Ingerson, Beakley, Liliencrantz, Selfridge, Albertson, Hughson, Geary, Jenks, Ledyard, Wilson, and Pease. Dr. Poulson was also present.

Dr. Selfridge read a paper upon Intussusception, and he also exhibited a pathological specimen which called forth the paper.

Dr. Albertson spoke of a case which had been relieved by the use of Seidlitz powders. The contents of several blue papers were dissolved and injected, and afterward the contents of the white papers were given in the same way, the gases formed by their union forcing their way through the stricture.

Dr. Geary has never met with a case in his long practice. He thinks there seems to be something occult in this, as in other diseases: cases falling to some parties and not to others. He has often noticed that when he had a peculiar case of any kind, he was sure to have another very soon. Diseases seem to run in grooves.

Dr. Selfridge is aware that the treatment spoken of by Dr. Albertson is sometimes followed, but it is a dangerous practice, because it cannot be controlled.

Dr. Hughson had a case which he diagnosed as one of Intussusception, and the patient got well. There was a discharge of decayed matter which he supposed was the affected portion of the intestine which had sloughed off.

Dr. Pease related a case, which was seen by him at an autopsy, in which seven feet of the illium had been drawn in to the space of ten inches, and, just above the injury, Nature had thrown out a fistulous tube, or a new intestine, which had an opening through it for a distance of about four inches, as large as a lead-pencil, and which probably would have been a complete new passage had not the patient been tortured and drugged with turpentine and oil, until the system could stand it no longer, and life departed before the spontaneous cure could be completed.

Dr. Geary thinks these diseases are not capable of being cured homœopathically, and that they are me-

chanical diseases, and must be treated mechanically. Some desultory conversation here followed.

Dr. Selfridge, from his experience, would place great reliance upon Nux in this lesion, and also upon Lobelia injection, from its power to relax muscular fibre. Dr. Hughson read a paper upon Morbus Brightii, in which he recited some cases.

Dr. Albertson asked if he examined the urine with the microscope.

Dr. Hughson replied that he had done so in some cases.

Dr. Pease gave the case of a man who had Bright's disease, and had been treated for some time by several Allopathic physicians. The quantity of albumen in the urine was about one third of the whole. He was satisfied that Arsenicum was the remedy, and continued it, without change. The urine was examined almost daily, and gradually improved, until, in three or four months, there was no albumen present, and the dropsical symptoms had disappeared. The urine was also examined under the microscope, and the casts were distinctly observed. After a lapse of two or three years the patient had had no relapse.

Dr. Geary is doubtful if the disease can be cured by any treatment, if it is actually a lesion, a seated disease of the kidney, and a structural change has taken place.

Dr. Liliencrantz said that in some puerperal patients albuminuria was present, but it was far from being Bright's disease.

Dr. Selfridge spoke of post-scarlatina albuminuria.

Dr. Albertson does not consider albuminuria after scarlet fever, and in puerperal cases, as structural diseases of the kidney, though the system, in eliminating

the poison of these diseases, might get up so much irritation as to even cause the urine to contain some uriniferous casts.

Dr. Pease read a paper entitled, "Vegetable Food for Man."

Dr. Liliencrantz said that at times he has dyspepsia, and then he cannot eat any meat.

Dr. Selfridge, when he has dyspepsia, is always worse from eating vegetables; particularly bad for him are potatoes. He thinks those vegetables which grow in the ground are worse than others.

Dr. Pease spoke of the desirability of publishing the transactions of the Society, that we might be on an even footing with other societies, and exchange transactions with them.

Dr. Albertson moved that a committee of three be appointed by the Chair, on Publication, to attend to the matter.

The Chair appointed on this committee Drs. Pease, Albertson, and Ledyard.

Dr. Selfridge said we are engaged in a great work, and one which he hoped would result in great good to Homœopathy on this coast. You have called me to the presidency, and I have accepted. In order that we shall be recognized as *the* society on this coast, he hoped each of us would exert himself to prepare what would help to instruct the others and give food for thought. He has noticed that heretofore a few only have brought in papers, but he hoped the burden might not always rest upon those few, but that all might bear a little and lighten it for the few; or, at least, that the few might not feel that they were compelled to do the whole. Several papers were yet unread, but owing to the lateness of the hour it was

decided that those papers could be incorporated in the transactions.

Dr. Poulson had prepared papers on "Hydropathy applied to Homœopathy during the Treatment of Acute Diseases."

Dr. Albertson had prepared a paper upon "Clinical Experience in Typhoid Fever, with a Case."

Dr. Eckel had a paper upon Epilepsy.

The Society adjourned.

CLIMATE OF COLORADO.

BY F. H. THOMAS, M. D.

To the Homœopathic Medical Society:

Gentlemen:—Almost my whole time since coming here has been engaged in solving the question—*For what diseases, and at what stage of such disease, is the climate of Colorado, and particularly of El Paso Co., beneficial?* Remembering the short time already taken in this work, you will please consider this as merely a preface to a series of papers on the same subject, the substance of which you may rely upon as being *fact*, since I have carefully avoided statements of interested parties, whether written or oral. *I*, though a *resident* here, am not interested—certainly not at this stage of the proceedings—for a more homesick man — homesick for sunny California and its still more sunny people — than I am you never saw! Looking upon the map of the United States you will find that Colorado lies about equally on either side of the Rocky Mountains, very like a pack-saddle upon a mule. "It lies between the 37th and 41st parallels of north latitude, and the 102d and 109th meridians of west longitude, being bounded on the north by Wyoming and Nebraska, and on the east by Nebraska and Kansas, and on the south by New Mexico, and on the west by Utah. The area embraced forms nearly a square, containing about 106,475 square miles or 67,420,000 acres—a greater extent of

country than all of Great Britain, with a colony or two included, and quite as large as New York, Pennsylvania, and Massachusetts, with New Jersey thrown in for good measure."

"El Paso County is one of the central counties of the Territory, and embraces a fair share of its principal physical characteristics — mountain, valley, and plain. Along its northern border stretches the great Colorado "Divide," a pine-covered mountain spur, which takes its name from the fact that it separates the sections of country tributary to the chief rivers of the Territory — the Platte in the north and the Arkansas in the south. From the "Divide" the county has a continual slope southward, its southern boundary being eighteen miles north of the Arkansas, the distance from north to south being about forty-two miles.

This southward slope — exposing the whole of the county, like a garden-wall, to the full sunlight — has a marked effect upon its climatic characteristics. The distance from the eastern boundary of the county to the foot of the mountains is about forty miles, and beyond that the county embraces about thirty miles of mountainous country, making the total width about seventy miles. The area includes about 1,635,000 acres, of which 125,000 acres has been entered."

The town of Colorado Springs, situated in the center of El Paso County, at a point where the Monument Creek unites with the Fountain qui Bouille, and where the Ute Pass opens upon the plains, is built upon a beautiful plain, as level as a table, which has a gentle slope from north to south and from west to east. In spite of the aforesaid home-sickness I can recognize in this *the* most beautiful town in its way I

ever saw. At the north-western corner of the town there comes in a clear stream of water which is conducted in brooklets through every street, this being possible by reason of the gentle fall from north to south and from west to east, making a cheery picture in the sunlight and gentle music at night. This, with the wide streets planted on either, side, and, in some cases, also in the center, with young growing trees, with a gravel soil, makes level streets perpetual and muddy sidewalks an impossibility — with a class of houses of which any eastern town might be proud, and with some of the grandest scenery imaginable always in sight, it needs but to be in California to make it a paradise. A reference to engraving on back of pages eight and ten, which engraving is a very correct one, will give you an idea of the situation of the town, which is a principal station on the Denver and Rio Grande Railway, seventy-six miles south of Denver (the metropolis of Colorado Territory), and forty-two miles north of Pueblo.

The town takes its name from numerous valuable mineral springs in the neighborhood—and being in the *neighborhood* only, a stranger comes to the conclusion that Colorado Springs is a misnomer.

The most important of these are grouped together about five miles to the west, in a beautiful glen, to which has been given the name Manitou. These are the celebrated "Boiling Springs," which, years ago, were made known to the world by Fremont, Ruxton, and other writers. Formerly they were visited on account of their medicinal virtues by native tribes of Indians, who regarded them as supernatural phenomena caused by the direct action of the Great Spirit. All of the foregoing I have thought it necessary to

write to give you some idea of the country. Now as to its climate. It is not, in my estimation, as pleasant to live in as the climate in many parts of California. The Winters are cold. Considering the altitude of this place — 5,975 feet — we will understand why it is so dry. My hands are parched and cracked; same with the skin on my lips. My hair is harsh and dry, and the gut strings on a musical instrument I have with me take on more change than I have ever known them before. I will close this paper with a report of a few cases of Asthma known to me to be as I state. I know of many more than these — but these will do to illustrate.

CASE I.

Mr. G. B., æt. 21 years, in Jefferson Co., N. Y., was a fine, healthy child, until three years old, at which time—one Winter—while eating "popped corn," and running around the room, drew one of the kernels "unpopped" into his left bronchial. This remained five weeks, when, in a fit of coughing, it was ejected. From this time on he had asthma in one of its most troublesome forms. The attack would come on with great dyspnœa — coughing, with expectoration of frothy matter, this becoming worse until in about five days it would be relieved by coughing up of yellow mucus; one attack following quickly after another, and for about twelve years he never slept comfortably in bed. Coming to Colorado last November, he had only one bad attack soon after, and *none* of it since then. He considers himself a well man now, and, with the exception of an occasional dream in which the devil of torment appears to him, and he thinks himself still afflicted with asthma, he is a happy man.

CASE II.

X. Y., a German, exposed in time of Chicago fire, has had a violent form of asthma ever since, until two months ago he came here, and has had but few unwell days since. And I could go on and give you twenty cases which have come under my observation. In my next I will give you a more extended report on this disease, and also the effect of the climate upon tuberculosis of the lungs.

CASE III.

S. S. Williams, Esq., æt. 50, a prominent citizen of Dixon, Ill.; Vice-president of Lee County National Bank, had a peculiar attack every year for about fifteen years. It came about the beginning of the rainy season, but *always* within forty-eight hours of Sept. 1st, and lasted for six weeks, or until frost came. Dyspnœa, coughing, wheezing, expectoration of frothy matter—and later on of yellow mucus—sneezing, lachrymation, coryza; indeed, a thoroughly-developed case of hay-fever with spasmodic asthma.

So distressing was the dyspnœa that no sleep could be had through all this period of six weeks, except when sitting up in one chair and leaning his head forward on the back of another; and the attack would leave him so exhausted that he was only well when Springtime came.

He came to Colorado Springs 1st of August, 1874, about a month before the usual time of his sickness, and remaining several months, had not one symptom of the disease. He has passed the same months this year, and with like results. I maintain this to be a peculiar case, in that there was present the asthma, and a complete cure of it *with* the hay-fever. During

all the time of his distress he obtained no amelioration from the ordinary asthma palliatives.

CASE IV.

G. H. Stewart, Esq., æt. 50, President of the First National Bank, Colorado Springs, and formerly of Beaver Dam, Wisconsin, has had for several years the following: dyspnœa, as though he had "been running a race;" "breathing didn't seem to do him any good" —all this brought on by a hard, dry cough which continued until relieved by expectoration; he then would be thoroughly exhausted, and have the dyspnœa; would wake up at night "pawing the air" and gasping for breath.

Mr. Stewart has been here three years, and the attacks have grown gradually weaker until now he is comparatively comfortable, and he only has the trouble after taking cold.

Mr. S., from observations of his own, thinks there are localities in Colorado curative to special forms of asthma. I will add that the patient could always find relief at night from inhalation of fumes from burning saltpetre and Belladonna leaves.

INTUSSUSCEPTION.

BY J. M. SELFRIDGE, M. D., OAKLAND, CAL.

The term, "Intussusception," according to Dunglinson, "is derived from two Latin words, *intus*, within, and *suscipio*, to take." Hence "Intussusception occurs when one portion of the intestine passes into another.

This, doubtless, is produced by the contraction of a band of the circular fibers, while, at the same time, the peristaltic action of the intestines is greatly increased, thus enveloping or receiving the constricted portion into that which is normal; and when once the Intussusception is commenced it is limited only by the inability of the intestine to receive more.

When this action is normal or downward, the upper part of the intestine is forced into the lower, thus constituting what is called "Progressive Intussusception." But when this action is abnormal or inverted, the lower portion is forced into the upper, when it is called "Retrograde Intussusception."

The former is said to be *by far* "the more frequent, while Retrograde Intussusception is said to be very rare."

This statement receives strength from the fact that out of fifty-nine cases collected by De Haven only three were retrograde.

But, notwithstanding this oft-repeated statement by writers, I am of the opinion that, whenever Intussusception occurs in the *ascending* colon, it is *always retrograde*. *There*, of course, the upper portion, so

far as position in the *body* is concerned, is forced into the lower; but "upper" and "lower," in the bowels, are merely relative terms. For, when we say the normal or downward action of the bowels, we mean the direction taken by the peristaltic action from the pyloric to the anal orifice; and since invaginations of the ascending colon are just the reverse of this, they are, of course, always retrograde. This was found to be the condition in at least two of the six cases I had the opportunity of treating.

The *point* at which Intussusception most frequently occurs is at the "ileo-cœcal junction." Of forty-three cases reported by Dr. Thompson, of Edinburgh, in twenty-two cases it occurred in the small, and in twenty-one it occurred in the large intestines, or in both. In De Haven's analysis of fifty-nine cases it was seated in the small intestines in twenty-three. In six cases treated by myself *two* were in the small intestines, three in the ascending colon, and one at the ileo-cœcal junction.

But, of two hundred and fifty-eight cases* analyzed by Brinton, the Intussusception was ileo-cœcal in fifty-six per cent., iliac in twenty-eight per cent., jejunal in four per cent., and in the colon in twelve per cent.

When it occurs at the ileo-cœcal junction, the amount of intestine invaginated is sometimes simply appalling.

Dr. Aitken mentions a case that is recorded in the seventy-sixth volume of the "Philosophical Transactions," in which "the inversion commenced at the ileo-cœcal junction, and progressed until the whole of the ascending transverse and descending colon were carried into the sigmoid flexure and rectum, and the

* See Flint's Practice.

ileo-colic valve was in apposition with the anal aperture, so that the contents of the small intestines passed at once from the ilium through the anus." A somewhat similar case is recorded by Dr. Cunningham in the second volume of the *Medical Gazette* for 1838. The ilium and cœcum were impacted into the transverse and descending colon, and passed low down into the rectum."

Dr. Smith, of Brooklyn, N. Y., quotes a case from "Dr. Jones," in which "a child four months old lived six weeks after invagination commenced, and seventeen days after the ilium had protruded from the anus.*

From the statistics I have been able to collect it is clear that Intussusception occurs most frequently in infancy.

According to the record kept by Dr. Smith, the greatest number of cases occurred between the "second and third months of infantile life." "Of forty-seven cases only eighteen occurred between the ages of one and twelve years." In De Haven's cases the mean age was eighteen years—the youngest was three months—the oldest sixty-five years." In six cases which occurred in my own practice five were under nine years, three of which were infants. The youngest case was six weeks old, which, so far as I know, is the youngest case on record. The oldest was aged fifty-five.

Males are more liable to this disease than females. In Dr. Smith's cases "thirty-two were males, and twenty-two females." Of De Haven's cases thirty-four were males and twenty-five females." In my own cases four were males and two females.

* See Flint's Practice.

SYMPTOMS.

The first symptom of Intussusception is pain, which is usually referred to a fixed point, if the patient be old enough to describe it. At the outset it is generally paroxysmal, but soon becomes constant, with paroxysms of increased pain—caused, no doubt, by the peristaltic action forcing more of the intestine into the intussuscepted portion. The painful point soon becomes tender, which increases more and more as the hours wear on. Obstinate constipation is always present, although, soon after the occurrence of Intussusception, there is generally one passage; and if it be in the colon, especially in children, there are frequent stools of bloody mucus.

There is also a very constant symptom which is early recognized when the colon is implicated, viz: a circumscribed tumor in the right iliac fossa, or in the track of the colon. When this is noticed "in the right iliac fossa, the probability is that it is at the ileo-cœcal junction." (*Goss.*)

Peritonitis soon manifests itself at the seat of the invagination, and sometimes becomes general.

The pulse increases in frequency, and becomes more or less corded, while vomiting is almost always constant, and, in many cases, becomes stercoraceous. But stercoraceous vomiting is not always pathognomonic of Intussusception; for I once had a case of peritonitis accompanying a relapse of typhoid fever, in which this symptom was very prominent for three or four days. About a year ago I saw a case, in consultation with Dr. N., in which there was much vomiting of this character, although, after a very careful examination, we could detect no invagination.

The symptoms here given are such as are generally recognized in cases of Intussusception, but I am inclined to think they do not describe those present when the small intestines alone are invaginated, but not strangulated. I have had but two cases of the kind referred to, but the symptoms attending them were so unlike those present when the colon is the part affected that I am inclined to think they have hitherto been either overlooked or have been attributed to some cause other than Intussusception.

My first case of this kind was a girl nine years old. She had paroxysms—not so much of pain, but a kind of nervous state—which resembled a slight spasm, and was called a species of hysteria by Dr. S., of San Jose, who saw her in consultation. During these paroxysms the pulse had a thready flutter; the breathing was hurried, the face became blanched, and the patient had the appearance of approaching syncope, yet did not faint, although she complained of a sinking, faint feeling in the stomach.

Such symptoms, I know, are produced by anything that irritates the ganglionic nerves. For example, I once had a little patient who, after swallowing a quantity of wool, had *precisely such symptoms* every time the peristaltic action of the bowels moved the wool.

Thus, we see that apparently slight causes acting on these delicate nerves often produce alarming symptoms. And I have no doubt that Intussusception, of the kind referred to, kills these little patients by the *shock* it gives the *ganglionic nerve centers.*

Every surgeon knows that patients are frequently killed by the nervous shock that follows mechanical injuries which, in themselves, are often trivial; and it

certainly was the shock that killed the two patients under my care, for in neither case was there *strangulation* or *inflammation*.

If this be true, will it not account for many cases of death "from obscure causes?" Will it not also account for those Intussusceptions which Flint, Aitken, Rokitansky, and others suppose "occur in the last moments of life?" And will it not also account for the "volvuli" of the two hundred or three hundred children who died, and were examined by Louis in the Sal-petriere Hospital, "without any inflammation of the tissues," and in whose "history during life there were no circumstances which led to the suspicion that these children died of Intussusception?"*

My candid belief is, that neither *strangulation* nor *inflammation* are necessary to induce fatal results in such cases; but that it is caused by the sickening, prostrating *shock*, which this abnormal condition of the small intestines gives the ganglionic nerve centers.

DIAGNOSIS.

The diagnosis of this affection is often difficult. Impaction of fæces may be confounded with it, but its symptoms are much less severe.

"The affection," says Gross, "with which it is most liable to be confounded is strangulated hernia, for whenever the case is one of sudden occurrence the symptoms of the two diseases are absolutely identical."

When the part invaginated is in the small intestines it might easily be confounded with diaphragmatic, but not with inguinal or femoral hernia.

In Intussusception of the large intestine the well-defined tumor already referred to, being of such diag-

* See Aitken's Practice.

nostic value, is not liable to be mistaken for inguinal hernia.

The passage of gall-stones has many symptoms in common with Intussusception; but the "existence of bile in the urine, and of icterus or an icterode hue of the conjunctiva and skin, and the retardation of the pulse"* are sufficiently characteristic to determine the nature of the disease.

It may be distinguished from the passage of urinary calculi by the fact that the pain in such cases usually follows the course of the ureters, and in the male there is always retraction of the testicle.

PROGNOSIS.

The prognosis of this disease is, to say the least, extremely doubtful. Under the use of appropriate remedies, however, evolution has sometimes taken place. In some instances sloughing of the invaginated part occurs, and the patient recovers; and in a *very few* cases the *knife* has afforded the necessary relief.

TREATMENT.

The object of treatment in this disease is the speedy restoration of the intussuscepted gut to its normal condition—the alleviation of pain—the prevention or cure of inflammation—or, failing in all of these, the protection of the system against the depressing influence of mortification.

To induce evolution Hippocrates recommended the inflation of the bowels with large quantities of air; which practice has been followed by others, and in some instances with the happiest results. Of twenty-eight cases reported by Dr. Osborne, seven recovered

* See Flint.

—three of which recoveries were effected by inflation of the colon with air.*

"Dr. Murphy relieved one of his own children in this manner."

"Dr. Greig, of Dundee, used this method in numerous instances with success." (Edinburgh *Monthly Medical Journal for October*, 1864.)*

My preference, however, is for large injections of warm water, in quantities varying from two to four quarts, with the addition of from two to four drachms of Tinc. Lobelia, according to age. The reason for my preference is, that it has all the power of air for distention, with the additional advantage of being an emollient; and with Lobelia added, thoroughly relaxes the spasm of the muscular fibers, thus enhancing the chances of recovery. And even though it should fail to produce evolution, its emollient properties assist in reducing inflammation. While these means should be commenced early and used perseveringly the administration of Aconite should not be forgotten—especially if there be fever, with dry, hot skin, thirst, etc.

If, however, "the inflammation should extend to the whole peritoneal cavity, and there be much metorism and general tenderness, accompanied with vomiting, vertigo, burning in the abdomen, constant colic, etc., Belladonna, internally and locally, in the form of an ointment, applied to the whole abdomen, is recommended by Dr. Dufresne, of Geneva.†

I have treated the symptoms just described with Belladonna internally, and fomentations of warm water externally, with success, but have never tried the ointment.

* See Aitken

† See l'Art Medical, 1860.

To allay pain, which is always excruciating, I have generally given what may be condemned by many Homœopathic physicians, viz: some form of opium. It not only quiets pain, but also the peristaltic action of the intestines, thus preventing an increase of the Intussusception.

But, whenever there is any apprehension of approaching gangrene in the strangulated part, Arsenic is undoubtedly the sovereign remedy. It is a Samson in its way—no less for its power to prevent gangrene than its ability to support and protect the system against the shock it receives from the dying tissues. Its use should not be deferred *too long;* for in a case in which I performed the operation of gastrotomy sloughing of the peritoneal coat had commenced in three and a half days; and in case No. 5, which I shall presently mention, not only mortification, but *sloughing*, was *accomplished* in *seven* days.

Gastrotomy is recommended by Dr. Benjamin Philips as a *dernier resort;* but out of twenty-seven cases collected by him, in which the operation was performed, only two were successful. Hence it is generally conceded by the majority of surgeons to be an operation of *doubtful expediency.*

CASES.

My first case of this disease occurred in a child four and a half months old. The attack was sudden, and without any premonition, the child having been perfectly well from birth—not even having the colic, to which infants are usually liable. He died on the third day, in terrific convulsions. The autopsy revealed an Intussusception of the ascending colon, of the retrograde variety.

My second case was a girl nine years old. The symptoms were of that obscure character already mentioned. The autopsy showed three separate invaginations in the jejunum and ilium.

Case No. 3 was in an infant six weeks old. The symptoms in this case were also of the obscure kind before mentioned. It died in forty-eight hours, as if in a swoon. The autopsy revealed seven points of invagination in the small intestines.

Case No. 4 was a little girl four years of age. In this case, after due consultation was had with three other physicians, the operation of gastrotomy was performed, but too late to afford satisfactory results, death occurring two hours later. The peritoneal coat had already commenced sloughing. The disease in this case was seated in the ascending colon, and was retrograde.

As I propose to give case No. 5 more in detail, I will first mention case No. 6. It was an infant, six months old, with all the symptoms of Intussusception of the ascending colon, including the tumor in the right iliac region, and also "small muco-sanguinolent" discharges. After three days of suffering, it recovered. Warm-water enemas, with warm fomentations applied externally, and Nux Vomica administered internally, were the remedies used.

During the afternoon of October 14th, 1868, I was called to see Mr. J. M., aged 55, of Brooklyn Township, Alameda County. He was a man of robust health, medium height, florid complexion, and weighed about 165 pounds. Constipation of the bowels was habitual. About a week previous, while at the State Fair, he had a severe attack of colic, which was relieved by a few doses of Hoffman's Anodyne. On

this occasion he was taken suddenly with what he supposed was a similar attack, which gradually increased in severity until my arrival at his ranch, five miles from my office. The pain being fixed and constant, I gave him Discorea 1st, every fifteen minutes, but without relief; on the contrary, he grew rapidly worse. I remained with him all night, during which time he had one constipated passage from the bowels, but with no relief. I gave successive doses of Nux, and toward morning, the pain being almost intolerable, I gave an eighth of a grain of Morph. Sulph., and repeated the dose every hour until the patient slept. His sleep, however, was frequently disturbed by paroxysms of pain. In the morning, some fullness was observed in the region of the ascending colon. Intussusception was suspected; and, there being some febrile movement, Aconite was prescribed. During the afternoon, Dr. P., of Oakland, was called in consultation, but decided it to be a case of impaction of fæces. The pulse at this time was 110, skin hot, thirst, etc.; the pain constant, but the intensity somewhat lessened by the Morphine given in the morning. Aconite was continued. On visiting my patient on the morning of the 16th, an elongated, oval tumor was very apparent in the track of the ascending colon. My previous suspicions were now fully confirmed, and I informed my patient that his case was not one of *impaction*, but Intussusception. From my past experience, I concluded the only hope for the patient was gastrotomy, and consequently recommended it. After apprising him of the danger of the operation, I gave him an enema of four quarts of warm water, with half an ounce of Tinct. Lobelia, and left him making his will, while I went to obtain counsel, which I procured in the persons of three "regular" physicians.

When we arrived at the bedside of the patient, two hours later, we found the pain much less, the pulse quite soft, and the frequency reduced to ninety per minute. This so changed the whole aspect of the case that the opinion arrived at by the council, viz: *impaction* of fæces, was not to be wondered at. My own opinion, however, remained the same.

The operation was very wisely deferred, but the enemata were perseveringly kept up, with warm fomentations over the bowels, while at the same time Aconite and Arsenicum were given alternately by the mouth.

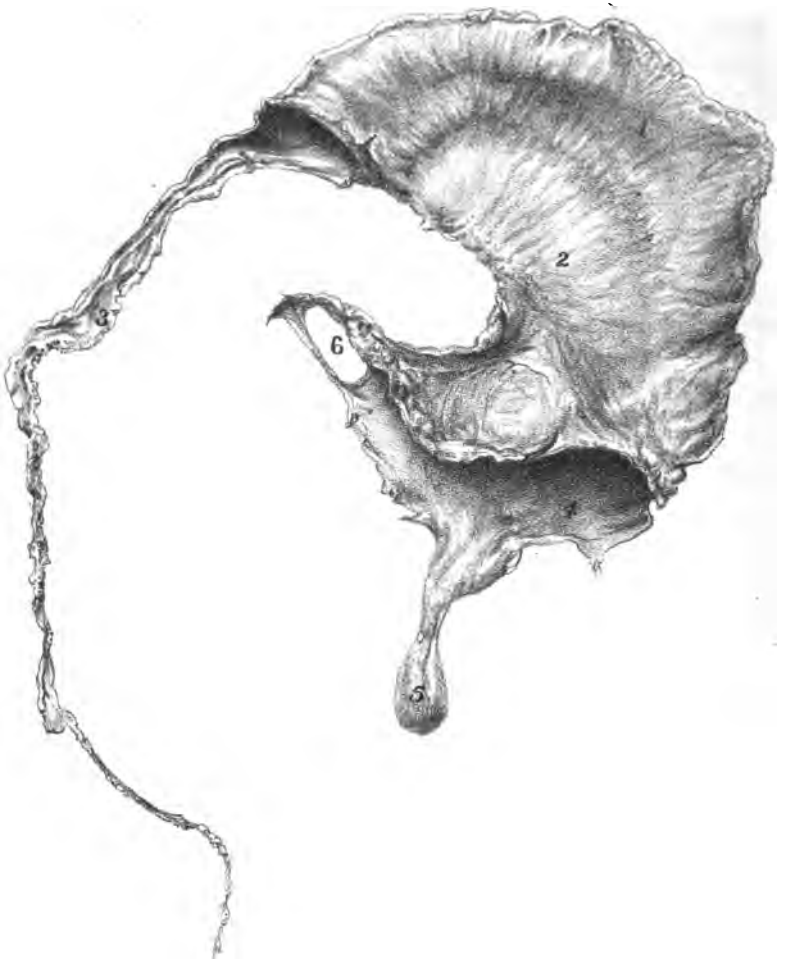
On the 17th, Dr. B., of San Francisco, was sent for as counsel. Not knowing what hour to expect him I was not present when he arrived, but the following letter will explain his views:

"My Dear Sir:—I have seen Mr. P., and the case appears to me to be an impaction of fæces in the ascending colon. The character of the pulse and the appearance of the tongue do not indicate sufficient disturbance of the system to lead to the idea of Intussusception.

"I have heard the history of the case, and, as far as Mr. P. knows, what you have been doing.

"I should recommend you to give him a large dose of Hyd. Submur., say, one scruple, with a grain of Podophyllin, with or without a drop or two of Croton Oil. After he had taken this for an hour, I would give him two drachms of Sp. Terebinth in six drachms of Ol. Ricini, and repeat it every hour until you get the bowels to act.

"At the same time, I would give him large stimulating enemata, one ounce of Ol. Terebinth, in yelk of egg emulsion. I would perseveringly throw up



1- Colon - Posterior view. *4 Remains of Caput Coli.*
2- Mesentery. *5. Appendix: Vermiformis*
3- Portion of Colon not sloughed. [*turned inside out.*
6- Remains of the Ileo Cæcal valve.

these injections, so as to assist the action of the medicine by the mouth.

"I am sorry not to have met you. I telegraphed you from the city, and called at your office in passing through Oakland.

"I shall be glad to hear how the case goes on, and remain

Yours, truly,

THOS. B."

This treatment being in accordance with the views of two members of the previous council, great pressure was brought to bear by the patient's influential friends to induce me to give the Croton Oil. Much against my better judgment, I gave half a drop in crumb-of-bread pill, on the 18th. It excited severe retching, with vomiting of stercoraceous matter, which subsided after a few hours, when the former treatment was resumed.

On the 21st, seven days from the commencement of the attack, the patient had a small, dark, very fetid discharge. From this day on he had two or three passages a day, until the 25th, when they became very frequent. On the 27th, they were not only frequent, but very copious. On the 29th, he became very restless and irritable, pulse 107; and, on the evening of the 30th, while at stool, he jokingly said to his nurse, "Hollo, Bob, there goes a *bologna!*" and, sure enough, he passed what you here see; about two feet of the colon, with a portion of the mesentery. [The writer here exhibited a wet pathological specimen of the colon, which is well represented by the lithograph.]

I saw the patient the other day, just seven years since this occurrence, and he informed me he had en-

joyed uniformly good health, and that his bowels had been perfectly regular ever since he passed that "*bologna.*"

I find 470 cases of Intussusception, of which mention is made in the pages of different writers. Of this number sixty-six terminated by sloughing. Of these sixty-six, forty-three are reported by Dr. Thompson, of Edinburgh; all recovered. (See Dr. Harris' paper, *N. Y. Jour. Med.*, 1853.) One was reported by Dr. Hare, to the Pathological Society, London, 1862; recovered. One is mentioned by Prof. Gross, in his work on surgery; recovered. One was reported by Prof. Van Buren, to the N. Y. Pathological Society; recovered. One by Prof. Peaslee, to the N. Y. Academy of Medicine; recovered. Dr. Havens reports twelve cases in the *American Journal Medical Sciences*, October, 1855, of which ten recovered. Dr. Smith reports seven, all of which recovered, and one by myself, making sixty-five recoveries out of sixty-seven cases of sloughing.

There are, doubtless, many lessons deducible from the consideration of this subject; but there is one which seems to me to be especially obvious, viz: that where the vital forces, under favorable circumstances, are able successfully to resist the onset of *this*, one of the most formidable of diseases, we ought, with the mechanical and medicinal remedies known to our art, *early*, *intelligently*, and *persistently* applied, so to assist those forces as to *reduce* the *great mortality* of this disease.

MORBUS BRIGHTII.

BY W. A. HUGHSON, M. D., SACRAMENTO, CAL.

The difficulty attendant upon and the unsatisfactory results of the treatment of a case of Morbus Brightii, which must be recognized and acknowledged by every medical practitioner, arises, in the first place, from the intractability of the morbid conditions to the rectifying influence of the most aptly-applied remedies; but we feel that by far the greater obstacle is due to the non-recognition of the malady in its incipient stages. It is allowed to progress to a considerable extent before attention is prominently called to the real state of affairs; and this time is frequently a period beyond which recovery is improbable, if not impossible.

Our brethren who so implicitly pin their faith to symptomatology may ridicule the idea that any advantage whatever is to be gained by a knowledge of the actual change going on in the renal region, they judging only from the symptoms prominently presented to the eye of the examiner, and felt by the patient himself. We acknowledge that this is the only true mode of prescribing, but, knowing the condition of the parts affected, we can, and will, make a more thorough search, and in this manner bring to light very many symptoms that would otherwise pass unheeded and unnoticed.

A lack of sensation in any organ or part is not likely to be noticed by either physician or patient, for

a lack of sensation of a painful or noticeable character is one of the attendants upon a perfect state of health. Unless tested, even in perfect health, no knowledge of the existence of any organ in the human system is realized by an individual, the whole machinery of the human frame working so silently and smoothly that no jar or friction retards the silent play of the complex mechanism, nor is there the slightest irregularity in the production and supply of the motor power. It, then, is not at all surprising that if, from a degenerated condition of any organ, its sensation is diminished, it becoming even less sensitive than in health, refusing to respond to the tests usually resorted to for diagnostic purposes, its condition be unnoticed and unregarded.

The insidious approach of this dread disease, showing itself altogether for a great length of time only in its sympathetic actions upon other organs, frequently remote from the actual seat of the trouble, is apt to not only blind the eyes of the examiner, but cause him to be careless in reference to his case. This effect is also rendered more probable from the fact that almost precisely the same symptoms which occur in Morbus Brightii are produced by a diversity of causes.

The stomach is doctored for dyspepsia; the liver is loaded with remedies because the poor patient "is bilious;" dumb ague of years' standing has its quota, and almost every name in the whole vocabulary of medical terms is given to the trouble and doctored for the name with the scientific remedy. But of them all, the poor liver is the most liberally dealt with, for ninety-nine cases out of a hundred of them are generously donated the euphonious cognomen "bilious," and the poor, deluded patient is soothed on toward the grave

in the blissful belief that he is the victim of too much bile. Bile, the scape-goat upon whose willing and accommodating back is loaded the sins of ignorance so fearfully common among the self-styled representatives of the medical profession, quietly submits to having all the ills of nature laid at its door, only protesting by spewing out the profusion of cholagogues that are in a strict and scientific manner poured into the doomed victim.

My attention has been called more particularly to this point, and I am led to take this view of the subject from experience, which has been both happy and unhappy in its results, one patient dying and two others recovering.

Case 1, which was the one which proved fatal, had been ailing for about four years, during which, travel, both in the old and new worlds, had been indulged in quite extensively. The best physicians of the old school had been consulted for what was thought, by them and by the patient herself, and her friends, to be a case of common biliousness, which cases are in the present day as common as sunshine, if we are governed by popular diagnoses. Simple remedies for the simple indisposition were prescribed, but all to no effect, the same general condition remaining, exhibiting itself in general languor and depression. The same dyspeptic troubles remained, and what were thought to be minor troubles, calling for no very critical examination or thorough search for conditions or causes, the prescriber being satisfied with the effects apparent of an unseen and unsought-for cause, which, alas, proved delusive, gave his remedies with the hope, but not the assurance, that good would result from their administration. The patient was, therefore, as I now

believe, soothed along to a certain doom unwarned, therefore unarmed. The secret enemy was coiled away, unseen by mortal eye, yet working slowly, surely and persistently, to the dissolution of the yielding system.

In the meantime a happy marriage took place, and though the patient was not thought to be a healthy person, she was considered to be as nearly so as are the majority of the American ladies. Conception soon followed, and at the end of the third month a loss of the fœtus transpired, attended by only the ordinary amount of trouble, the patient getting through with as little difficulty as do the majority. This abortion seemed to be the match that was to rouse the internal fire, and it was almost immediately that the true nature of the malady became apparent. Now, the whole thing was marked, and there was no mistaking it. Attention was at once called to the kidneys, and the urine, which was tested, was found to be highly albumunious. The serious nature of the malady immediately became apparent, its history inquired into, and the conclusion arrived at was that it was a chronic case of Morbus Brightii, rendered acute by the unhappy occurrence of the abortion.

The magnitude of the obstacles to be overcome were duly appreciated, and a most diligent and careful study of the case, its symptoms, and indicated remedies was entered into, and persevered in. The remedies were selected with as much care as it was possible for me to observe, and they were administered faithfully until they were found to be of no avail, when something else was substituted. It is a custom with me to act in all cases as I did in this: as soon as I become satisfied that any one remedy is useless, to

change, being governed in each change by the characteristics presented, which, in the present case, changed from time to time, so that during the whole time quite a number of remedies were administered, with, however, nothing but temporary relief being afforded, the case constantly progressing from bad to worse.

To enumerate the remedies and the treatment throughout would be merely the repetition of a useless war against a foe that had by stealth obtained full possession of the citadel, and had completely undermined the whole structure. The consequence was, that about nine weeks subsequent to the abortion the patient died; not, however, until she had passed into the hands of one of the "regulars," whose conceit, ignorance, or wickedness, led him to promise a cure, which promise he made directly in face of an opinion given by myself that she could not recover, which opinion was indorsed by a learned member of this Society, whose assistance I had availed myself of in the emergency. The cure he attempted to accomplish by the administration of large doses of Muriatic Tincture of Iron. This, of course, was prescribed pathologically, therefore scientifically. The patient made rapid progress—toward the grave—with our *learned* friend; for in just two weeks from the time he undertook to cure her she died. Of course, in the eyes of the worthy M. D. it was all right. With a sigh of inward satisfaction our Æsculapian, no doubt, thought he had done his duty, though he sacrificed truthfulness and principle in so doing, and rescued one more hapless victim from the hands of the quacks, who, he states, let their patients die without doing anything, instead of nobly standing up to duty and privilege, and scientifically torturing the doomed

patient. She was so rescued, and now sleeps the quiet slumber of death, having, for two weeks at least, followed the good old course, and did penance by swallowing the delectable compounds prepared by the wise man of the blister and purge persuasion.

The fatal termination of this case, which I feel confident resulted from its non-recognition in its earlier stages, caused me to be on the alert, and I was more particular by far than before in the search for any symptoms that would lead to the suspecting of the dread complaint; nor was my vigilance unrewarded, for in a short time subsequent to the fatal issue of the case just cited, another patient applied to me with the usual story, that "he was bilious," and that for some time he had been under the care of different physicians, but as yet had received no benefit. He claimed to be growing gradually worse, weaker and more prostrate, and that his stomach was growing much weaker, and inconveniencing him very much. A new symptom, too, had of late forced itself upon his attention, that of the swelling of his limbs. No pain was complained of in any portion of his body, and it was only upon deep and firm pressure in the renal region that any sensitiveness could be discovered. Examination of the urine was made by heat, nitric acid, and by the use of the microscope, the result of which was to discover in it large quantities of albumen. I explained to the patient his condition, and prescribed for him a non-stimulating diet, and a total abstinence from drinks of a spiritous nature. I made careful investigation of all his symptoms, and the nearest similimum that I could discover was Arsenicum, which was given to him in the 30th attenuation. In about one week another examination was made of the urine, and a

marked improvement was found, there being less than one third of the original amount detected; and, further, there was a decided amelioration of all his other ailments. The same prescription was repeated, and with such favorable results that, in three weeks from the time I first saw him, he was dismissed a well man.

The next case was that of a lady, thirty-five years of age, fair complexion, and very stoutly built. She had for years been troubled with a heavy, dull feeling in the lumbar region, but, as she was a very hard-working woman, these pains were attributed to over-exertion. For a few years past she had had numerous "bilious attacks," so-called, and was treated in compliance with the diagnosis. I was called to see her for an attack which was said to be as all the rest, only worse. My suspicions were aroused in consequence of the lumbar pains, and I tested the urine, finding it, as I feared, albuminous. With that as the key-note, all the rest became at once explicable. To find the similimum in this case was to me a much more difficult task than in either of the cases before mentioned, characteristics of a number of remedies being presented, and it was considerable time before, to my own satisfaction, I found the remedy suited to the case. The first one I decided upon was Cantharis, which for a time seemed to occasion some improvement, and to entirely change the aspect of the case, a new set of symptoms coming prominently forward. One result of it was, that in one week from the time I took the case, the lady became, from what was thought to be a very fleshy woman, to be a medium-sized person. The case then presented a new set of symptoms, the urine, however, remaining the same. Arsenicum was next given, and with good results for a

few days, when another change transpired, which, to my mind, called for Lycop., which did good work, so that at the end of three weeks the patient left her bed. Unfortunately, only three days elapsed when, in consequence of an indiscreet exposure to cold, a relapse occurred, which threatened to destroy life. For a number of days there seemed to be no chance whatever for the patient, in my judgment; she, however, rallied. Under Arsenicum and Cantharis, given at such times and for such periods as seemed called for, my patient rapidly improved, so that at the end of three months she was restored to as good a state of health as she had enjoyed for years. The urine has become normal in quantity and quality. The lumbar pains have ceased; the bloated condition has passed away; the appetite has been corrected, so that she eats, relishes and retains in her stomach all ordinary food, in fact, all those untoward symptoms that have for years been the bane of her existence, and which have been treated as evidences of bile, have disappeared, and to-day she claims to be a well woman.

How long this favorable condition of affairs will continue I believe will depend upon the patient herself, any inattention on her part rendering a return of the trouble probable; but, knowing the serious character of such relapse, more than ordinary care will be observed, and a number of years may yet be added to the lady's life.

This I believe to be a case that had continued for some time, and was fast nearing that chronic stage beyond which very rarely recovery occurs. I do not claim any penetration more than usual, but this patient had, at different periods, prior to the present attack, been ill with symptoms, as far as I could learn, iden-

tical with the ones in this attack, differing only in degree and severity. She got up from them with, however, the lumbar pains remaining, and no recognition of the true nature of the malady being found, though she had learned and scientific physicians attending her.

The two points I wish to establish in this rambling paper are, the probable curability of these cases, treated homœopathically, and the necessity of a more careful scrutiny of those bilious cases with which we come in contact daily.

VEGETABLE FOOD FOR MAN.

BY G. M. PEASE, M. D., SAN FRANCISCO.

The various animal tribes, in relation to the food on which they subsist, are classified by naturalists as herbivorous, carnivorous, and omnivorous; or those which subsist upon vegetables, upon flesh, and those which eat both vegetables and flesh.

There are two varieties of vegetable-eaters; those which live upon fruits alone, and those which eat grass and grains. The first feed upon pulpy fruits, esculent roots, nuts and seeds, while the others derive a great part of their nourishment from grasses, leaves and twigs of vegetables. In examining the teeth and jaws of different animals, we find them well adapted to the style of food it was intended for them to live upon. The teeth of the fruit-eaters are different from those of the flesh-eaters. The chisel-shaped lip-teeth are well fitted for dividing into convenient morsels the materials naturally fed upon. The jaws of the vegetable-eaters are capable of lateral motion, whereas those of the flesh-eaters are not. The omnivorous quadrupeds, as the bear, hog, and opossum, have cheek-teeth with tuberculated or cusped surfaces, which meet each other when the mouth is closed; but the lip-teeth and the pre-molars are of a different type from those of the fruit-eaters, and, like those of the flesh-eaters, are destitute of the lateral motion of

the lower jaw. Man has no impediment from projecting canines to a free lateral, or an antero-posterior motion of the lower jaw, and when we consider the number and arrangement of the teeth it ought fairly to place man at the head of the fruit-eaters.

When the naturalists style man as an omnivorous animal it is probable that they take him as they find him—omnivorous self-made, and not as he was primitively made. If marked by Nature as a vegetable-eater, it is natural to conclude that those articles of food indicated by his organism must, on the whole, be best for his health. Mons. Du Chaillu says that in a large number of stomachs of the gorilla, which he has opened, he discovered nothing but vegetable materials.

Almost any of the quadrumana can be taught to eat flesh, and, if pressed by hunger, it is natural to suppose they might even seize upon some kind of flesh for food. The cow and the horse have been known to eat fish. A dog kept upon vegetable food will lose flesh and become feeble. An orang-outang fed upon mixed food soon sickens and dies. The whole alimentary apparatus in man and the orang is strikingly alike; the stomach and intestines are like in form, each with a saculated colon and a vermiform appendage to the cœcum. If in one animal this organization is indicative of certain kinds of food as best suited to health, is it not reasonable to suppose that the same will hold true in the other? If a mixed diet induces disease in the quadrumana, should we look for the same in man? Are not the orangs and gorillas of use to us as living attestations of the truth and value of the dietetic lesson given us in Paradise, to demonstrate to us that an animal with a like organization with ourselves may subsist exclusively upon

such eatables as were given us in Eden, and yet be healthy and strong?

In the mechanism of the alimentary canal there is a relation to the kind of food adapted to the different tribes. In those of the herbaceous or grass-eating kind the canal is long and capacious, and possesses many contrivances for detaining the food; and as a great deal of it is not nutritious, the end, or what we call the large intestine, is capacious, and acts as a sort of reservoir until the nutrition is extracted. In the carnivorous animals it is much more simple and shorter, and is adapted for the food which being mostly nutritious requires but a small reservoir for its reception. The alimentary canal of fruit-eating animals is intermediate between the two; it is shorter than the former, and longer than the latter.

No flesh-eating animal has the large intestine so much developed as the fruit-eaters. We find an alimentary canal similar to man's only in the apes and monkeys. Cuvier says that "apes are the only quadrumana in which the hyoid bone, the liver, and the cœcum exactly resemble those parts in man." Again he says: "Fruits, roots, and the esculent parts of vegetables appear to be the natural food for man; his hands afford him a facility in gathering them, and his short and comparatively weak jaws, his canine teeth, not projecting beyond the common level of the others, would not permit him either to feed upon herbage or to devour flesh, unless these aliments were previously prepared by the culinary process."

"The form of the stomach and cœcum and the structure of the whole canal," says Mr. Lawrence, "are very much alike in man and the monkey kind. The orangs have the appendix vermiformis, which the

others want. Man possesses a tolerably large cœcum and cellular colon, which, I believe, are not found in any carnivorous animal." "Thus, we find that, whether we consider the teeth and jaws, or the immediate instruments of digestion, the human structure closely resembles that of the simiæ, all of which in their natural state are completely herbivorous."

When man was placed in Paradise he was told that he might eat; but lest he should not know what was the best fitted for him, his food was designated as follows: "And God said, 'Behold I have given you every herb bearing seed which is upon the face of all the earth; and every tree in which is the fruit of a tree yielding seed, to you it shall be for meat.'"

Not one word was said about flesh, and it was not until many years afterward that flesh was eaten. We are told in the Bible that "man sought out many inventions." Now, it is possible that some of these inventions were evil, and might not that of eating meat have been one of them? If it had been best for man to eat flesh, why would it not have been given him while he was in Paradise—while he was pure and free from sin? But it was not allowed him until after the flood, and then in these words: "Every moving thing that liveth shall be meat for you; even as the green herb have I given you all things. But flesh with the life thereof, which is the blood thereof, shall ye not eat." Why was this permission given now, and not in Paradise? We read that God did many things because of the "hardness of their hearts." He said, "You want meat, you can have it; but you may find, sooner or later, that my way is the right way."

Sir Everard Home says: "In the history of man in

the Bible we are told that dominion over the animal world was bestowed upon him at the creation; but the Divine permission to indulge in animal food was not given till after the flood. * * * * * * * * While mankind remained in a state of innocence there is every ground to believe that their only food was the produce of the vegetable kingdom." Mr. Dick, in his "Philosophy of Religion," says he "thinks that to take away the life of any sensitive being, and to feed upon its flesh, appears incompatible with a state of innocence, and therefore no such grant was given Adam in Paradise, nor to the antediluvians. It appears to have been a grant suited only to the degraded state of man after the deluge."

He also would lead us to infer that he thought that as men progress toward moral perfection we shall again return to the productions of the vegetable kingdom for our food. According to Plato, men abstained from eating meat for many years, because they had the idea that they should pollute their holy altars if they spilled the blood of beasts. Plato also says: "Swine were used for food first of all animals, being wholly unserviceable for other purposes, and having, in the language of Cicero, *animam pro sale ne putrescent*—lives only, instead of salt, to keep them from putrefying."

There is scarcely any species of animals that has not been used for food by man. The Chinese delight in rats, the Africans eat ants, and Humboldt tells us that he has seen little children in South America draw from their holes those venomous reptiles, the centipedes, and crunch them alive with apparently great relish. "Lalande, a famous French astronomer, ate the spider as a delicious morsel." And it is related

that the Western rangers used to regard rattlesnake soup as a luxury.

Not only do men eat everything, but they eat too much, and by causing the stomach so much extra labor they lay themselves liable to diseases of various organs. Old Dr. Mussey once said of one of his lady patients, who was very corpulent and a large eater, that she complained of some debilitating lesion, and told him "she had reason to be thankful that she had a good appetite and could digest her food; were it not for her appetite, she would have been dead long ago." Riston, in his work on "Animal Food," says, "the Bedouins are a most alert and military race, and yet it is an undoubted fact that the quantity of food usually consumed by the greatest part of them does not exceed six ounces a day. Six or seven dates soaked in melted butter serve a man a whole day, and he esteems himself happy when he can add a small quantity of coarse flour or a little ball of rice." We have a record in the Bible of the children of Israel subsisting for forty years upon manna, which was not at all of the flesh character, and yet they were well and strong. They once grumbled because they had no flesh, and God allowed them quails; but the result was far from pleasing to them, as the quails bred a pestilence among them, and they were glad to call out for their manna once more.

Dr. H. H. Brown says that animal food is not so good for laborers as vegetable food, and that those who say it is are those who never have tried it. He would as soon think a man would deny that there was such a city as London, because he had never been across the water and seen it.

There are many who say that vegetable food may

do well enough for professional men, but not for the farmer. We have, however, the abundant testimony of farmers that they can do more work, with less fatigue, upon a strictly vegetable diet. A noted farmer in New York says: "Now, digestion is carried on with perfect ease. My appetite is always keen. I am very seldom troubled with the slightest cold, and I have not experienced a sick day since I abandoned the use of animal food."

Laborers in the mines, in Chile, live entirely upon the haricot bean, and yet they are remarkably strong and healthy. The porters in Syria are among the strongest people in the world; their usual load, which they carry upon their shoulders, being a box of sugar, the weight of which is from nine hundred to a thousand pounds. This load they carry with perfect ease, and yet these men subsist most entirely upon figs and other fruits. A common expression of the natives of the South Sea islands, used to be: "How stupid you are; perhaps you are an Englishman." They seemed to think that the habit of eating beef and pork renders one stupid, and they laugh at the awkwardness of Englishmen in climbing, swimming, etc.

It is stated as a fact that one not only loses his taste for flesh, after an abstinence for some time, but cannot bear even the smell of it. Dr. Cullen, in one of his works, in speaking of gout, says: "I am firmly persuaded that any man, who, early in life, will enter upon the constant practice of bodily labor and of abstinence from animal food, will be preserved entirely from the disease." He further says: "If an abstinence from animal food be entered upon early in life, while the vigor of the system is yet entire, I have no doubt of its being both safe and effectual."

Tissot, in his "Advice to People upon their Health," in speaking of diarrhœa, and particularly of epidemic dysentery, says: "Ripe fruits of all kinds, especially in the Summer, are the true preservatives against this malady." He says he has followed this course whenever this disease prevails.

Not only is vegetable food sufficient for laboring men, but it is also equally fit for students. In our accounts of Caspar Hauser we find that his mind was very remarkably clear and perceptive; and yet he ate no animal food, but subsisted entirely, for the first seventeen years of his life, upon bread and water. It was with difficulty that he was taught to eat mixed food, and in Prof. Daumer's notes upon him he says: "After he had learned regularly to eat meat, his mental activity was diminished, his eyes lost their brilliancy and expression, his vivid propensity to constant activity was diminished, the intense application of his mind gave way to absence and indifference, and the quickness of his apprehension was also considerably diminished."

In my medical experience, I have met with a few persons who lived exclusively upon vegetable food, and I have found them quick at perception, and, when suffering from any ailment, their recuperative powers were great, and they yielded to medicine with the greatest readiness.

NOTES ON HEMORRHAGE DURING PREGNANCY.

BY A. LILIENCRANTZ, M. D., OAKLAND, CAL.

GENTLEMEN OF THE PACIFIC HOMŒOPATHIC MEDICAL SOCIETY:—Gestation is liable at any time to be complicated with loss of blood. If such a loss should take place during the first thirty days, it is very apt to be looked upon as merely a more than commonly abundant menstrual discharge, and we have no ready means of knowing whether the woman was really pregnant or not. The microscope might inform us, but the discharges are seldom saved, and even if they were, and a strict examination made, its practical value would be of but small importance.

But when a woman is more than thirty days advanced, the appearance of blood in the generative intestine is to be looked upon as an affair worthy of our closest attention. It almost always appears in one of two ways: First, after a few premonitory symptoms, such as pain, bearing-down sensation, the appearance of a shred, etc., lasting from twenty-four to forty-eight hours, a more or less sudden and profuse hemorrhage sets in with active pain and efforts of expulsion; or secondly, a slight and more passive hemorrhage comes on without any active symptoms being present, and which, after a time, if not checked, becomes mixed with shreds or pieces of degenerate

membranes and a more or less fetid discharge, the result or product of decomposition.

In the first case it is generally pretty easy to tell both what we have to deal with and what to do. In such cases it is a waste of time to attempt to save the embryo. Our plain duty is how to rid the uterus as quickly as possible of its contents. When the os is open and soft, and the uterus low in the pelvis—as it usually is under such circumstances—this is a very easy thing to do. But this is not always the case; we often will find the embryo to have escaped, but the os not sufficiently dilated to allow the soft placental structure to pass away. Now, according to my experience, the most profuse and dangerous hemorrhage sets in at the time these structures are partially out of the uterus, but still held firmly by the unyielding os, and the same holds true whether it is an ordinary embryotic placenta or an arm degenerated into a fleshy mole. In such cases I have many times succeeded in removing them by first firmly holding the uterus with my left hand, and then with my right index finger press upon the posterior lip of the os, from behind forward; at other times, by insinuating the finger between the parts concerned, it will be easily removed. In some cases the long, slender placental forceps will fulfill their office admirably. But in other cases—and there, fortunately, the flowing is as a rule not very profuse — the contents, or parts of them remain in the uterine cavity proper — the os but slightly dilated, and the uterus high in the pelvis. Here the same simple means will not suffice to dislodge and remove them. Very ingenious instruments in the shape of forceps, hooks, scoops, etc., have been invented and recommended by skillful and experienced

physicians, to aid us to remove these obstacles in our way. I have tried various means of this kind, but my full conviction is, that in very many cases of this kind a little time and patience will do more for the woman than any of the most ingeniously invented instruments we now have or are ever likely to possess. Let me illustrate by a case that came under my care a few years ago. I was called in great haste to see Mrs. K., who was said to be flowing to death. When I arrived, I found it to be a case of abortion at about three and one half months, the woman having procured it upon herself by introducing a whalebone into the uterus seven successive times. The excessive flowing had already stopped with the expulsion of the fœtus. The secundries had not passed, and I consequntly proceeded to remove them. I used every means at my command to do so, but in vain. The finger so nearly fitted the os that nothing could be removed by the side of it. The narrow forceps would tear through the soft structures, and the larger-sized pair could not be used for want of space to manipulate them. I also tried a kind of scoop-shaped instrument, but in vain. Being compelled to desist, I concluded to wait with as good grace as I could command. The flowing having stopped, I gave the woman some Arnica 3d, and left. The next twenty-four hours passed without change. On the second night pain commenced again, accompanied with slight hemorrhage. This continued from six to eight hours, when the placenta was expelled without aid. But I noticed the mass, such as I now found it, was very different in size and consistency from what I had felt in the uterus the night before. The repeated although slight uterine contractions had forced almost all the blood out of it—

had changed the soft, shapeless mass into a fairly solid, well-defined mold of the uterine cavity, capable of sufficient resistance to wedge its way out of the now much more dilated os. The woman recovered rapidly, and the case clearly proved one thing to me, at least: that my services were not so indispensable and valuable as I had previously imagined. Since that case occurred I have many times verified the fact that a little time is the most powerful assistant a doctor can have.

Then there is another class of this kind of patient that puts a doctor's good nature to a test. Sometimes you find a woman in the first months of pregnancy having a slow peritonitis for weeks, accompanied with occasional pains, but entire absence of any active symptoms. Little shreds and decomposed matter, or the rupture of the membranes giving vent to the amniotic fluid, only go to show that you have no hope to save the embryo, and still everything you do to empty the uterus seems to be utterly in vain. Introduce sponge-tents, apply electricity, administer caulophyllin, ergot, quinine, etc., high or low, or you may shower the cervix uteri with water, or introduce the sound into the uterine cavity, and allow it to remain for hours, and still the womb will act just like a stubborn mule or balky horse; it will not contract until in its own time it gets ready. You must wait. Time is the only effective remedy, and commonly a very safe one.

The hemorrhage caused by that degeneration of the ovum called Hydatids is generally apt to be mistaken for that of an ordinary abortion. Its frequent recurrence in spite of any care, its sudden appearance and disappearance, together with the rapid and unproportioned increase of the uterus, will soon tell what we

have to deal with. In these cases Nature alone relieves the sufferer by expelling the mass about the third or fourth month. If not, the introduction of an elastic catheter, and allowing it to remain for an hour or two, generally suffices to bring on pain and expulsion. Here the uterus is larger and more readily manipulated. Nevertheless, even in such cases, we cannot have our own way. Last Summer I treated a case of Hydatids of the womb where the mass was sufficiently large to make the woman appear at least seven months advanced in pregnancy. In her case I used every medicinal and mechanical means known to me and a number of other physicians who saw the case with me, but without any effect. Finally, after having carried it for about six months, active contractions took place, and the whole thing discharged without particular assistance whatever.

Gentlemen, these and similar cases have strongly impressed on me that "to know when to interfere, and when to leave alone," is one of the prime virtues of a medical practitioner.

HYDROPATHY IN ITS RELATION TO HOMŒOPATHY DURING TREATMENT OF ACUTE DISEASES.

BY P. W. POULSON, M. D., SAN FRANCISCO.

Homœpathie und Wasser in verein
Thuts mere als ein allein.—*Dr. Gunther.*

A distinguished Homœopathist said these words—that Homœopathy and water, united, do more in the hands of a physician than only one method.

At different medical meetings I have called the professional attention to the great assistance a well-directed Homœopathic treatment will derive from Hydropathy. The Homœopathic law shows itself triumphant all through a successful water-treatment, and works in unison with our potencies and attenuated remedies, equally as it does in medical treatment of Homœopathy. I shall very briefly call the honored body's attention to a few modes of water-treatment corresponding to Homœopathy, and illustrate it with a few cases.

Mr. P. called me to treat his little daughter. I found her suffering from scarlet fever and a profuse diarrhœa. The exanthem had suddenly disappeared the day before, and the breathing was very laborious. I packed her myself in a wet sheet with a dry one and two blankets, and gave her Verat. Alb. and Belladonna in alternation. In half an hour she was in a perspira-

tion, which kept up for two hours. The diarrhœa stopped as soon as reaction commenced; and when she, after two hours, was taken out and sponged with cold water, the epidermis presented a scarlet color. Her symptoms had nearly all disappeared, and she went to sleep for the first time in forty-eight hours. When I called again I found her out of danger, and she regained her strength in a few days. Without the wet pack, I should have had very little hope of her recovery.

Dr. Smith, of this city, called me in consultation in a case of cerebro-spinal meningitis. It was a boy sixteen years old, with a strong, robust constitution. He had been delirious for two days; the pain along the spine and in the cerebellum had been intense. The boy was every few minutes started out of the coma with a jerk, throwing his head and shoulders back, and raving so violently that his father, a very strong man, had difficulty to keep him quiet. I ordered the wet pack, and gave him Lachesis 30. As soon as he was packed he became quiet, and went to sleep, which he had not done for several days. The reaction was very strong, from his powerful constitution. He was kept in perspiration for nearly two hours, and then taken out of the pack, and sponged all over with cold water; soon after, he went to sleep, and rested well all night. Next morning he talked very rationally, and recovered from day to day without any more difficulty, still continuing the Lachesis, and Rhus tox., and within a week he was up and around.

Mr. S. called me to attend his son, a boy ten years old. He had been sick from measles already for several days. The exanthem had, from a cold, disap-

peared suddenly. The reflex action had caused a metastasis to the lungs, and I found the parenchyma very much engorged and congested, and in a pneumonic condition. A friend of mine, an old Allopathic physician, saw the boy, and declared the case hopeless; said he had lost his son two weeks since from a similar suffering, and it could not be cured. I ordered the wet pack, and gave Sulphur tinct., internally. The boy was kept in the wet sheet for two hours, and perspired profusely. After he was taken out and sponged in temperate water, the abdominal wet bandage was applied, and renewed night and morning. The breathing, after the first pack, became more free, and the burning fever had all disappeared. I ordered the father to give him a new packing at any moment the violent fever should return. This was done once or twice when the fever commenced, and the Sulphur continued. The boy recovered in a week, and is living now, in strong health.

Mrs. B. called me to treat her daughter, seven years old. She had been sick a couple of days. I found her suffering from typhoid-pneumonia. She is a very delicate child, and I told the mother that she had a very poor chance to get through the disease, if it ever reached the second stage. She asked if there was no hope for her, and I told her there was, if we resorted to the wet pack in combination with the medical treatment. She consented, and I packed the girl in the wet sheet and a dry sheet, and two blankets, which is my usual method. Reaction came on very slowly, but within an hour she was in a perspiration. From time to time I gave her a mouthful of cold water to drink—a plan which ought always to be followed dur-

ing every state of perspiration in wet or dry pack, but must be modified according to the different kinds of constitutions, power of reaction, disease and external temperature. After two hours' packing the sponge-bath was given, and in an hour afterward the abdominal bandage applied, to be renewed night and morning. I left Belladonna and Rhus tox., to be given in alternation, with directions to renew the wet pack as soon as typhoid fever condition appeared. Every day, in that state, she was packed, for seven days in succession; the fever returned every day, much more feeble, and also all the above symptoms in proportion. After the seventh day no trace of the disease was apparent, except some prostration, from which she speedily recovered; the second stage was avoided, and she remained in good health.

Mrs. H., on Mason street, called me one evening to attend her eldest daughter, suffering from scarlet fever. The exanthem was only slightly on the epidermis; the fever intense; the breathing quick; the abdominal pains continual, and the fauces and tonsils so swollen that deglution was accompanied with great difficulty. The brain was congested, and she had been delirious for the past twenty-four hours. The child was of a scrofulous diathesis. I had previously treated and cured her of a nasal catarrh, after which she became very fleshy. Knowing her dyscrasic disposition, I ordered the wet pack; she was kept in it nearly two hours, and most of the time in a perspiration. Cold drinks of fresh water were given her at intervals; when she was taken out and a sponge-bath given, a deep, copper-scarlet color covered the body. The abdominal and wet neck-bandage were applied, and Lachesis 30,

and Phyltolacca 15, given in alternation. For two days more in succession she was packed, each time during the fever. From the third day she recovered, without any more difficulty; the abdominal bandage was continued for nearly a week, and sweet oil occasionally applied externally to the badly-swollen region of the tonsils, maxillary and parotid glands. In fact, the neck presented a hardened surface from the parotid to the clavicle. The oil relaxed and relieved greatly the internal strain. No other remedies were given, except a few doses of Ars. alb. On the twelfth day she was out of bed. Two months later a younger daughter of Mrs. H. had an attack of cerebro-spinal meningitis. She suffered intensely during the night. I found her in the morning in an unconscious state, her back head pressed deep down in the pillow and her face and body presenting a flabby condition of the muscles. The eyes, half-open, were dull, staring, glassy and congested, pupils dilated and turned upward. The shoulders were lifted and the spine pushed in a curve, and the chest pressed outward. At short intervals screams were continued. I ordered the wet pack; reaction took place slowly, and she remained in the pack three hours. The fever abated gradually, and for nearly two hours she continued in a mild perspiration. Lachesis 30, and Atrop. sulph. 30, were given internally, and a few doses of Rhus tox. She slept quietly after the pack; no fever was noticed, and at times she would utter a scream and drop asleep again. After midnight the fever returned and all the former symptoms with renewed force, only less violently. The mother resorted to the wet pack; in a few minutes she rested quietly, and in less than half an hour was in a mild perspiration. The thirst was

relieved with frequent mouthfuls of fresh water. After being two hours in the pack she was taken out and a sponge-bath given. The sponge, filled with cold water, was repeatedly pressed against the neck and the occiput and a continual stream of cold water allowed to run along the spine until the surface was quite cold; the balance of the night she rested well. In the morning she was for the first time conscious, and she improved from that moment without further difficulty. The sponge-baths were daily continued, and in a week more she was playing with the children in the parlor.

I could continue to report numerous cases treated with success under the combined methods of Homœopathy and Hydropathy. I am sure it would be a gratifying result for both patient and physician to arrest the progress of a typhoid fever, and prevent it from entering the second stage, by a method so simple and so certain.

TYPHOID FEVER.

BY J. A. ALBERTSON, M. D., SAN FRANCISCO.

Mr. H., a remarkably strong man, aged fifty-four years, weight two hundred and twenty pounds, very large and apparently strong lungs, had a hard chill, and three days after I was sent for, and found him with pulse 80, strong and full. Some aching through the whole body, tongue very dry, coated light-brown, considerable thirst. Continued much the same until the morning of the seventh day, when he seemed much better—tongue not so dry, mind clearer, no pains, less thirst, and, altogether, the case looked as though it might break up; but during the day a man got in his room, and talked business just long enough to tire him, consequently all the symptoms returned worse than before, with some stupidity and nightly delirium, The pulse gradually rose to 120, urine passed freely, but dark-colored, bowels slightly tympanitic, moving every second day. On the thirteenth day the fever began to abate; the pulse gradually went down; skin became cooler; tongue began to clear out, and on the morning of the fourteenth day the patient was bright and cheerful—said he felt like getting well, and appeared every way much better than at any time since he had been sick, and I left him in good spirits; but in a few hours I was sent for in great haste, and upon my arrival, found that a remarkable change had taken

place. Although the pulse had changed but little, yet the countenance had that peculiar look denoting danger (so quickly understood, and so hard to describe), often seen near the termination of fatal cases, together with twitching of the muscles of the face, and drawing down of one corner of the mouth, which indicated disturbance of the nerve-centers of an alarming nature, and resulted, in a few hours, in death from paralysis of the lungs and heart. I have given the case much thought, but have been unable to arrive at any cause for the sudden change from apparent convalescence to immediate death.

Mrs. B., strong and healthy all her life, had been feeling a little unwell for a few weeks, so, getting worse, called her Allopathic family physician, who gave her a cathartic. Still growing worse, I was called, and found the patient, apparently, not very sick; pulse about 100, tongue a little dry and sticky, some diarrhœa, which had been started by the cathartic. Some days her tongue was moist and coated white, then, again, dry all over, and then moist edges, with a dry, yellowish-brown stripe half an inch wide in the centre—all of these changes without any very great change in the patient in other respects, except that the pulse rose to 130. She was delirious but one day, and then she could not get her head together—it was scattered all about the room. Baptisia got it together for her. Thus the case ran for five weeks, before recovery, which was perfect. The peculiarity of the case, to me, consisted in a chilliness, very distressing, which lasted most of the time for three weeks, together with sticky, clammy, and drenching sweats, day and night, the chilliness and perspiration at the

same time, and, when the sweat was most profuse, the patient complained most of the cold, and the remedies that ought to have relieved those symptoms did not do it, although studied very closely, and when they did abate it was so gradual that I have doubts whether medicine or time did most of it.

CLIMATE OF LOS ANGELES COUNTY FROM WILMINGTON TO THE MISSION SAN GABRIEL.

BY D. M. BROWN, M. D., HEALDSBURG, CAL.

Commencing at Wilmington, on the coast, you have a climate of cold, heavy fogs, and of cold winds, an atmosphere more or less continually filled with sand and dust. As you go further inland the fogs and winds are not so frequent. At Los Angeles, although the fogs are heavy, the winds are modified so as not to be disagreeable. On account of the entire lack of sewerage, except by open *zanjas* or irrigating ditches, and a sulphuric acid factory, commonly known as gas-works, the town is filled with odors rivaling the celebrated city of Cologne. A more unhealthy spot it would be hard to find on this coast. Many diseases prevail in an epidemic form a large portion of the year. Scarlatina and typhus are rarely absent, and one year ago swept through the whole county like a Chicago fire, and with a terribly destructive effect. The mortality from scarlatina was over ninety per cent., especially in children. Inasmuch as everything eaten, drank, or worn in the county comes from Los Angeles, it is not at all difficult to account for the extensive ravages of these diseases. For pulmonary affections, a worse climate than that of Los Angeles can scarcely be conceived of. On the low land, along

the river of the same name, which fortunately runs to the leeward of the town, all the filth and refuse of a town of ten thousand inhabitants is deposited, and were it not for the strong sea-breeze the city would be uninhabitable. Leaving Los Angeles, and following the river north-west, you come to the oil region of San Fernando, concerning which I have nothing to say. Following the San Gabriel River valley, you come, after sixty miles' travel, to San Bernardino, a very pretty town, famous for being an old Mormon settlement, and noted for its artesian wells, which supply nearly every house with an abundance of excellent water. San Bernardino lies at the bottom of a very low valley, and from its being surrounded by mountains gets all the heat there is to be had in Summer and all the cold in Winter; it is said that the inhabitants never use any fire in Summer, but do all their cooking in the sun. The celebrated Riverside colony lies to the right of San Bernardino as you ascend the valley. Glowing accounts of the wealth, beauty and salubrity of that place are given, all of which are more or less true. Nothing is said, however, of the gentle zephyrs which occasionally, in the spring and fall, sweep through the Santa Ana Valley, overturning outhouses, tearing up trees, and performing other antics, as only a "gentle zephyr" can. All through that section of the country, which is part and parcel of the whole Los Angeles Valley, though subdivided by names, dense fogs and cold, high winds, with severe frosts, prevail. As you get above the valley into the mountains, the climate improves, the fogs are not as dense, nor the winds as severe, and asthmatic patients get along very comfortably.

The Mission San Gabriel, about eight miles back

of Los Angeles, was settled by the Jesuit Padres, with their usual good judgment. Of the old church, with its historical bells, one of which contains a great deal of silver, thrown into the molten metal by the fair ladies of Spain, and of the many beautiful private residences in the vicinity, I shall say nothing, excepting that to lovers of beautiful scenery and good wine many of them are well worth visiting.

Situated between the Los Angeles and San Gabriel rivers, the town or district of San Gabriel is one of the most favored spots in regard to climate which can be found in California. Lying at the foot of the Sierra Madre Mountains, it is entirely sheltered from the winds which sweep up the valleys before described, and is almost entirely free from fog and frost; high winds never touch it, unless it be the extreme outer edge of a zephyr, which may, if it is of unusual force and magnitude, occasionally do a little mischief. The air is dry and warm, and very free from the dust so prevalent all over California. Pulmonary diseases are very favorably affected or influenced by this climate, the nights not being as cold as in many places within twenty miles, nor the days so hot, the mercury ranging about eighty or ninety degrees during the day in Summer, and seventy degrees at night. I have known of several instances of persons coming there to die of phthisis disappointing everybody by getting well on air and grapes, and being hearty and strong, and working at their trade (two of them were carpenters) every day from the day of their arrival. Asthmatic diseases do not get along so well; they seem to want the air of the mountains, and if they so choose, they can have it by going to one of the numerous ranches on the sierras, above the Mission.

EPILEPSY.

BY J. N. ECKEL, M. D., SAN FRANCISCO.

Epilpesy belongs to the disease of Neurosis. Hippocrates, Aretanus, and other ancient writers have already given a good description of the disease. It may appear either suddenly, or there may be certain symptoms—such as vertigo, a characteristic and very important, and, I may say, one of the most prominent before a real symptom or classical attack, as Trousseau calls it, may occur.

We see a change of character in the person afflicted with the disease, such as irritability, low spirits, moody, has disturbed sleep and bad dreams, involuntary discharges of urine and fæces at night; headache, indigestion, a feeling of a fine breeze of air from below, upward toward the head (the true aura apoplectica). This latter symptom is, however, very often wanting, and attacks of Epilepsy may occur without the true aura.

I once saw a case of a boy three years old, who had vertigo for many weeks, and finally nocturnal paroxysms set in. The attending physician of the old school gave him Vermifuge and Castor Oil. These remedies had their effect, yet the boy was not cured.

The parents consulted a Homœopathic physician in their own county, who was puzzled in regard to the boy's troubles. The diagnosis was not deficient. In this case Epilepsy was symptomatic, caused by crude

substances which the boy ate, *ad libitum:* such as straw, chalk, and small pebble-stones. A patient attacked with epileptic vertigo does not often lose consciousness; he has time to take hold of something to prevent him from falling. The patient is for a few moments immovable, the eyes are fixed, the face is pale, which changes in another moment to red with a peruptive, convulsive motion of some of the facial muscles. Sometimes the patient may have numbness of some of the extremities in connection with the last mentioned symptoms. Heretofore we had the *petit mal in vino;* now we go over to the more severe form of Epilepsy. Here we have a different picture before us.

The attacks are sudden, the patient falls down; the tonic and clonic spasms are intense; consciousness and sensibility are entirely destroyed during the attack; you can pinch him, and he has no knowledge of the procedure: he shrieks, has froth at the mouth. The face is dark red, the veins about the neck and face swell up, the breathing is difficult, stertorous, and slow; the pulse small and quick. The whole body may be immovable and in a tetanic condition. These phenomena change, however; severe convulsive jerkings of the muscles of the face, the countenance is terribly distorted, the head is thrown about with violence, or is thrown to one or the other side; one side of the body may be in convulsive motion or jerkings, the other half is tetanic. From jerking of single muscles there is a cross over to the most violent convulsion — motion of all the muscles of the face. The tongue is bitten in consequence of the violent grinding of the teeth, even teeth may break off. As a general rule, the thumbs are clenched, the difficulty of

breathing continues during the whole paroxysm; the convulsive jerking may be so severe that dislocation or fractures of bones may occur; the whole body is bathed in profuse perspiration; discharges of urine, fæces, even seminal discharges, occur; paroxysms from three to five minutes, and even longer. The storm of convulsive jerking stops, and once more a calm breeze, with a pale face, free respiration, and a perfect quietude of the muscles shows itself. However, the poor sufferer remains for some time in a comatose condition, with a somewhat noisy breathing, and slowly does he awake, with difficulty of speech and headache, and it takes hours before he loses the latter symptoms. He wakes up with a sense of extreme exhaustion. Echymoses of extremities show themselves; the conjunctiva is red and congested The patient either falls on his face or backward. The severer the fall, says Hispin, the more violent are the spasms. The oftener the Epileptic paroxysms occur the more does the normal condition of the mind become weakened, the memory gets bad, and an idiotic expression of the face ensues; the patient becomes indifferent to things about him; he becomes irritable, even profane—in fact, has a tendency to maniac deeds. "The muscles," says Hasse, "have no electric reaction, with the exception of the abdominal muscles, which show a decided contractibility." The truth of this I ascertained by means of a Dubois-Raymond apparatus in a case of nine years' standing.

Cause of Epilepsy: Inheritance, violent shocks to the brain, such as blows, falls, etc., fever, exostosis of the skull, sexual excesses, delirium tremens, tumors of the brain, effusion, etc. It is often produced by reflex action, as, for instance, uterine disease; entozoasia is looked upon as a cause.

The prognosis generally is not very favorable. The longer the paroxysms last, and the oftener they return, the less hope can we entertain of curing the patient, inasmuch as the psychological disturbances become more and more developed. In regard to the pathological anatomy medical writers differ. Schroeder von du Kolk gives as the cause, dilatation of the blood-vessels supplying the medulla oblongata; Russmond and others, an anæmic condition of these parts. Homœopathists cultivate the art of curing diseases, and do not trouble themselves with the pathological picture after death. The last three years, the Homœopathic literature has cited eighteen favorable cases.

Treatment.—Epileptic persons ought not to marry. The moral and physical education must be carefully watched. Nutritious and easily digestible food should only be advisable.

Bellad., or Atropin, is one of the foremost remedies. The latter has, in a case of nocturnal epilepsy of nine years' standing, been of good service to me during a paroxysm, especially when there is a decided congestive condition of the brain, with vertigo, dilated pupils; yet Rana bufo has been the best remedy. Its effect was lasting, inasmuch as it kept off the paroxysms for ten months. A complete change of character, vigor of the mental faculties, stools became normal; within a few months the patient had only one slight attack during the night. She was able to walk about the next day, while formerly she had to keep her bed for days, and complained of extreme exhaustion. Next to the above comes Cuprum and Opium. Both are indicated in nocturnal attacks. In cases produced by sexual excesses, Digitalis, Phosphor., Phosphor. acid. In hystero-epilepsy, Puls. Ignat. The old-school

conditio sine qua non is Bromide of Potassium. In a case of twelve years' standing, even Bromide of Potassa to the amount of four pounds was used during a few years' treatment by a practitioner of the old school. The paroxysms kept off two months. Atropin 3d and 6th, Rana bufo 12th and 30th, kept them off ten months. In another case of sixteen years' standing, Atropin 3d kept the paroxysms off two months. Homœopathy is decidedly ahead, and, with our great founder, we can truly say, "*Die milde Macht ist gross.*"

FEBRUARY 23d, 1876.

A special meeting of the Society was held at the rooms of the Young Men's Christian Association, to take action concerning the advisability of incorporating under the laws of the State of California.

The following copy of the application will explain the doings of this meeting:

"At a regular meeting of the Pacific Homœopathic Medical Society of the State of California, a society associated together for scientific purposes only, and not for pecuniary profit, held at the office and place of meeting of said society, in the city and county of San Francisco, on the 23d of February, A. D. 1876, a majority of the members of said society were present. Dr. J. M. Selfridge, President of the Society, presided over the meeting, and Dr. G. M. Pease, Secretary of the Society, acted as secretary thereof. Thereupon and at said meeting it was

Resolved, 1st. That this society do incorporate itself under the laws of the State of California.

2d. That the name of this society is and shall be the Pacific Homœopathic Medical Society of the State of California.

3d. That the number of Directors who shall manage the affairs of said corporation shall be five.

4th. That we do now proceed to the election of Directors, who shall serve until the election of Directors under the incorporation, and their qualification as such.

Thereupon Dr. J. S. Beakley was appointed judge of election, and an election for five Directors as aforesaid was held by ballot, conducted by the said officers and said J. S. Beakley as Judge of Election; and at said election the following-named gentlemen were elected as such Directors, to wit: J. M. Selfridge,

residing in Oakland, California; H. H. Ingerson, San Francisco; J. J. Cushing, Saucelito; J. A. Albertson, San Francisco; G. M. Pease, San Francisco.

Now, therefore, know all men by these presents, that we, the undersigned, have this day associated ourselves together for the purpose of incorporating, under the laws of the State of California, a corporation to be known by the corporate name of "Pacific Homœopathic Medical Society of the State of California." And we hereby certify that the purpose for which this corporation is to be formed is the advancement of the science of medicine and surgery.

That the time of its existence shall be fifty years from and after the date of its incorporation.

That the number of its Directors shall be five, and that the names and residences of those who shall serve until the election of such officers and their qualifications are J. M. Selfridge, residing in Oakland, California; H. H. Ingerson, San Francisco; J. J. Cushing, Saucelito; J. A. Albertson, San Francisco; G. M. Pease, San Francisco.

That this corporation has no capital stock.

In witness whereof we have hereunto set our hands and seals this 28th day of February, A. D. 1876.

J. M. SELFRIDGE.
H. H. INGERSON,
J. J. CUSHING,
J. A. ALBERTSON,
G. M. PEASE.

Signed and sealed in presence of

{Notarial Seal.} F. O. WEGENER.

STATE OF CALIFORNIA,
CITY AND COUNTY OF SAN FRANCISCO. } ss.

J. M. Selfridge, G. M. Pease, and J. S. Beakley, being, each for himself, duly sworn, deposes and says that he has read the foregoing certificate, and knows the contents thereof, and that the same is true of his own knowledge; and the said J. M. Selfridge deposes and says that he is the President named in said certificate; and the said G. M. Pease deposes and says that he is the Secretary named in said certificate, and the said J. S. Beakley deposes and says that he is the Judge of Election named in said certificate.

(Signed) J. M. SELFRIDGE.
G. M. PEASE.
J. S. BEAKLEY.

Subscribed and sworn to before me, this 2d day of March, A. D. 1876.

{Notarial seal.} F. O. WEGENER,
Notary Public.

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STATE OF CALIFORNIA,
CITY AND COUNTY OF SAN FRANCISCO. } ss.

On the 2d day of March, A. D. one thousand eight hundred and seventy-six, before me, F. O. Wegener, a Notary Public in and for said city and county, residing therein, duly commissioned and sworn, personally appeared J. M. Selfridge, H. H. Ingerson, John J. Cushing, J. A. Albertson, and G. M. Pease, known to me to be the persons described in, whose names are subscribed to and who executed the within instrument, and duly acknowledged to me that they executed the same.

In witness whereof, I have hereunto set my hand and affixed my official seal, at my office in the city and county of San Francisco, the day and year last above written.

{Notarial seal.} F. O. WEGENER,
Notary Public.

In addition to the above, it was voted at this meeting to change the name of the Society to conform to the name in the application, and to have the annual meeting on the second Wednesday of May, and the semi-annual meeting on the second Wednesday of November, and that the Constitution and By-laws be so amended as to include these alterations and conform thereto.

The Pacific Homœopathic Medical Society of the State of California held its annual meeting at the rooms of the Young Men's Christian Association, 232 Sutter street, Wednesday, May 10, 1876, at 10 A. M. There were present Drs. Albertson, Pease, Ledyard, Hughson, Geary, Liliencrantz, Selfridge, Ingerson, Knapp, Cushing, Arnold, Ballard, and Barrows.

The records of the last meeting were read by the Secretary.

Dr. Geary said there was a slight amendment to make—that, instead of saying "vegetables that grow in the ground," it should be changed to "roots that grow in the ground." We, being learned men, might as well be correct in small things.

Dr. Selfridge said that, in connection with Dr. Liliencrantz' paper, he spoke of a placenta remaining in the uterus *five months*, instead of *five weeks*.

The following were proposed for membership: J. A. Miller, M. D., of Calistoga; E. W. Charles, M. D., of Santa Rosa; P. Howe, M. D., of Westminster; G E. Davis, M. D., of San Francisco; Mrs. L. A. Ballard, M. D., of San Francisco.

These applications were referred to the Censors.

The Treasurer, Dr. Albertson, made his report as follows:

SAN FRANCISCO, May 10, 1876.

J. A. Albertson in account with the Pacific Homœopathic Medical Society:

	Dr.	Cr.
To Fees and Dues from Members from November, 1874, to date	$61 50	
Cash paid for Rent of Hall, Postage, Stationery, Printing, etc		$34 13
Balance in Treasury	$27 37	

J. A. ALBERTSON, Treasurer.

Dr. Pease, as Chairman of the Committee on Printing, and also on Legislation, reported that, after watching the doings of the Legislature, a suggestion for a law was framed by the committee, and forwarded to various members of the Legislature, and from them, at different times, there were received letters and copies of proposed laws and amendments, and finally, on the passage of the law, it was found to agree very closely with the plan proposed by your committee. So far as printing the Transactions of the Society is concerned, it has been going on as rapidly as possible, and nearly all up to the present is in type. We report progress only, but our work is not all done.

The Censors reported favorably upon the names of Dr. G. E. Davis and Dr. L. A. Ballard, and, being balloted for, they were elected to membership.

Dr. Pease said that as the new State law required a physician to have a certificate before he can practice, and if without a diploma, he must pass an examination, which if successful, would, as far as the State of California is concerned, be equal to a license or diploma, we should so alter or amend our By-laws as to admit to membership any party who holds a license under the law.

Dr. Ingerson thought it might be well enough to do it at some future meeting, after some have passed examination. The Board of Examiners could not organize, and do it to-day.

By direction of the President the Secretary read the law regulating the practice of medicine in the State, as passed by the last Legislature.

Dr. Pease remarked that, in order to expedite matters, he had prepared a printed list of the members, and in voting for the Board of Examiners all that

will have to be done is to scratch out those names not desired, leaving seven; and he suggested that the seven having the highest number of votes be considered as the elected Board, and the two next highest be declared as alternates.

Dr. Ingerson presented a communication that he would like to have read before this Board is appointed. It was a proposition from the California Society to appoint a committee to confer with a committee of theirs. He would like to hear it read in the Society, and have it received or rejected.

Dr. Geary asked what society this was. He did not know any other society here but ours.

Dr. Selfridge suggested that the communication be delayed until after this election, and it would come up properly under the head of "new business;" and, as it has no bearing on this particular point, he would like to have it laid over.

He thought this Board of Examiners ought to live somewhere in the same vicinity.

Dr. Albertson remarked that the law says that all seven shall sign such certificate, so it would be well to have them reside near together, for convenience.

A ballot was taken for a Board of Examiners, resulting in the election of Drs. Geary, Selfridge, Pease, Albertson, Cushing, Hughson, and Liliencrantz. Dr. Davis received the next highest vote, and was declared one of the alternates. Two others being tied, a new ballot was taken, and Dr. Ledyard was elected as the second alternate.

The President declared the next business to be the nomination and election of officers for the ensuing year.

While the ballots were being prepared, Dr. Geary, in behalf of the Censors, recommended Dr. G. S. Bar-

rows, of San Jose, for membership. After ballots had been taken, Dr. Geary was declared elected President.

Dr. Geary said: "Now, gentlemen, if it is all the same to you, I think that most of my friends here know that I would prefer not to hold such an office, and unless it is made one of the laws of the Medes and Persians, I would prefer that Dr. Hughson, if he can come down here and perform the duties of the office, would accept the position."

The President replied that as Dr. Geary does not withdraw his name he is declared elected.

Nominations were made for Vice-President, and Dr. Hughson was elected to that office. For Secretary, Dr. Albertson nominated Dr. Pease, and said that he hoped there would be no contest—that the present Secretary had, during his term, performed the duties of the position satisfactorily to all, and he never knew a man to perform so much work before for so little pay.

Dr. Geary had something to say, as follows: "I beg that Dr. Pease will be declared unanimously elected the Secretary of this Society. You know very well that no gentleman could be more efficient in the discharge of the duties of that position, and it would be difficult to get one equally so. The amount of labor and care that Dr. Pease has shown us during the past two years I think has fully satisfied us of his fitness for the position, and I only wish that there was a high salary connected with it."

Dr. Selfridge said, It is proposed that Dr. Pease be elected by acclamation.

Dr. Pease was afraid that could not be done, as it is unconstitutional, officers having to be elected by ballot.

Dr. Davis moved that Dr. Albertson cast the ballot for the Society.

The motion was carried, and Dr. Albertson cast the vote of the Society for Dr. Pease.

For Treasurer, Drs. Davis and Albertson were nominated.

Dr. Davis moved that the Secretary cast the ballot for Dr. Albertson.

Dr. Selfridge stated that such would be out of order when there are two candidates.

A ballot being taken, Dr. Albertson was declared elected.

Dr. Davis moved that the election of Dr. Albertson be made unanimous.

The motion being put was carried.

Nominations for Board of Censors were now made, and a ballot was had; which, after two trials, resulted in the election of Drs. Selfridge, Wilson, and Jenks.

Dr. Geary moved that the Secretary now cast the ballot for Dr. Barrows, of San Jose, for membership.

This motion being carried, the Secretary did as instructed, and Dr. Barrows was declared elected.

Dr. Davis said that Dr. Esten desired him to say that his sympathies and well wishes were with this Society, but on account of ill health, and because he intends removing his residence from the city, he thought it best not to join us now; he is suffering from asthma, and he might in the Fall go out of the country altogether.

Dr. Geary thought that removing from the city would be no objection to Dr. Esten's joining the Society, and he moved that a message be conveyed to him, that, unless he had some other grounds of objection, he be proposed for membership.

Dr. Selfridge said he should have to declare that motion out of order, because it would look as if we were courting him.

The next business in order was declared to be the appointment of a delegate to represent the Society at the World's Homœopathic Convention of the American Institute of Homœopathy, to be held in Philadelphia.

Dr. Pease said: "I have taken considerable liberty upon myself, hoping to receive the sanction of the Society. When Dr. Eckel went East it was supposed that he might remain some time, and he was written to, and asked to act as our delegate, with the assurance that the Society would appoint him as such. After the receipt of that letter he telegraphed to send him the papers. After conference with some of the members, it was decided to forward the necessary certificate, and, to-day, a letter acknowledging the receipt of it has arrived."

The President asked what action would be taken in the matter.

Dr. Davis moved that the Society indorse the action of the Secretary in this matter.

Dr. Ingerson asked if they could indorse it, and could not Dr. Fraser go there and take advantage of it, saying we had no delegate.

Dr. Geary then moved that Dr. Eckel be appointed as our delegate to the Convention, and as the representative of the Homœopathic school on this coast.

This motion was carried, and Dr. Eckel was declared appointed the delegate from this Society, and the Secretary instructed to so inform him.

Dr. Selfridge said: "Gentlemen of the Society, at this point of proceedings it would be necessary for me

to deliver a valedictory, but I have none. The annual meeting having been changed from the Fall to this time, with the pressure of business and the writing-up of two papers, has made it impossible for me to deliver an address on this occasion; and I, of course, wish to ask pardon of the Society for the apparent neglect which circumstances forced upon me."

It was moved, seconded, and carried that the apology of Dr. Selfridge be received.

At this point a letter from Dr. W. N. Griswold was read by the Secretary, requesting that steps be taken toward bringing about a union of the two societies.

Dr. Selfridge said: "It is a paper evidently written without any authority. It is not official. He merely states that he represents the prevailing sentiment of his society, but it is certainly unofficial."

Dr. Geary moved that the paper be laid upon the table without taking further action in the mater.

The President requested the Secretary to read two letters which he had received from Dr. C. W. Breyfogle, of San Jose, in regard to this matter.

This being done, the President said he had telegraphed him that there was not time to call the members together, and afterward wrote him a letter.

[The letters will be found in the report of the committee, on pages 150–156.]

Dr. Albertson said: "Those letters came from the President of the other society, and he is, so far as I know, a gentleman, and I think they are deserving of some attention, and I move that they be referred to a committee of three, appointed by the Chair."

Dr. Hughson said: "Some time since I received a very brief letter from Dr. Griswold, asking me if I was willing or anxious that the two societies should be

united; that seemed to be the purport, and, in fact, the substance of the letter. I answered, that I considered it a deplorable state of affairs that there should be a division, and if a union could be effected that would injure no person in the Society, I would certainly favor it. In fact, I further informed him that I knew nothing of the unfortunate division; that I had purposely remained in ignorance of it. In fact, the story had been commenced with me, three or four times, by different parties, and I have always said: "Now I do not wish to know anything about it; I do not wish anything to do with it, for I cannot hear from you but one side of it any way," and I then asked him to let me know something of his side of the question, and he wrote me a lengthy letter containing the same propositions, exactly, that are contained in the letter from Dr. Breyfogle, but I think the latter clause is not in mine, and he asked me if I would not introduce it into our Society here and urge its passage. And then there was another thing further in the letter that, to my mind, contains something of a threat. He said, if a union can be effected, well and good for all, and if not, we propose to contest your right to take our territory and appointing an examining board. They claim that the incorporation of our Society is illegal, and that if we appointed a board for examining candidates that they should contest it. I wrote to Dr. Griswold that I would prefer to have nothing to do with the matter. Excepting the latter part, it was a fair, open letter."

Dr. Albertson said: "I feel this in my muscles and bones, but at the same time we want some notice taken of this; we do not wish to have it go abroad that they are endeavoring to heal this breach, and

that we took no notice of it. We can appoint a committee to make some proposition of our own—appoint some who know all about the old troubles, and let them make a report, and let that report embody such considerations as we would be willing to receive from them, or such propositions as we see fit to make."

Dr. Geary then took the floor: "Mr. Chairman, we are not ready for the question. There is an official letter, or a pretended official letter, from one who pretends to be the secretary of a society that assumes to itself the right to be the only fair and proper representative of Homœopathy on this coast, who have gone further, who have appointed delegates to represent Homœopathy at the World's Convention; who have gone further still—who have not only appointed these delegates, but have appointed their board of examiners, and have themselves recorded in Sacramento. These men have assumed all this; it is all known to you, all who know the history of this affair, that Drs. Fraser and Hiller have been the moving spirits in this matter. You know, as well as I do, gentlemen, that these men have gained the ear, and the pen, too, of the members of the medical press, that is, the Homœopathic medical press of this country; that, in several of the journals, their grievances have been paraded; that they have made it appear abroad that all the disunion arose from a jealousy on our part that these great men should take away our practice, and that we should be left in the lurch. These things have of late been paraded in the journals of Boston and Philadelphia, and so much so that the editors themselves would seem as if they thought that these men had good right to complain. From the beginning of this trouble I have endeavored to

urge upon this Society to publish what the foolish letter of Dr. J. Murray Moore has compelled me to publish on my own account, and for the sake of that charity which they come now to seek. These shameful records have never been put before the public before. We do not recognize—I, for one, do not recognize the existence of their society. I no more recognize a society having Dr. Fraser as its moving spirit than I recognize a society of banditti. Professionally, he is a disgrace to any society; professionally, I say, he has cut himself off from all sympathy, from all common ground, socially and professionally, by the publication of the scandal that this exposes. [Pointing to a pamphlet.] You are aware that this has appeared in the public press, and here, too, in this city. What have we in common with this man, I ask, Mr. President, what have we in common with this man, that we should temporize with him? It is evident that this man Fraser is using this foolish man, Murray Moore, and Dr. Breyfogle and others, who were ignorant of this, it is evident he is using these as his cats-paws, while he, himself, has never put pen to paper, and he has put them forward. What are his antecedents? Why, when he has proposed himself several times before the Institute of Homœopathy, why has he been refused?

The President, interrupting, requested Dr. Geary to keep himself to the point.

Dr. Geary, continuing—"I will stand to the record. I have nothing to say but what stands here. Now, I maintain that we have no right to appoint any committee to consider any proposition from these men; and, first, I am perfectly willing to vote for any of these gentlemen who have connected themselves with

these men, in ignorance of the publications of Fraser and his unprofessional acts. I am perfectly willing to receive these gentlemen, and be the first to vote for them, provided they have joined what they call a society in ignorance of the acts of Fraser, and have become his copartners in complete ignorance of his unprofessional conduct; but beyond that, we could not properly go without indorsing their acts. I say that, if they have induced Dr. Breyfogle and other young men who have lately come to join them, never telling them, or informing them of the real cause of difference, I am willing that any or all of these gentlemen, who publicly recant and abjure Fraser and his gang, may, if they are qualified, be admitted into this Society; but they must do it individually, and upon their individual merits, and give a proper and a good reason why they joined that society, and that they joined it in ignorance of the fact now published to the world."

Dr. Albertson said: "I did not consider that we were recognizing that society when I made the motion. But we have a communication from a couple of physicians, one a physician in high standing; two letters from him, and on matters pertaining to Homœopathy, pertaining to societies, and it seemed to be the correct thing for us to take some notice of it. That is why I made the motion for the appointment of a committee to whom papers should be referred."

Dr. Geary continued—"But let me ask whether these notices ought to be taken in their official capacity, or as individuals. I am willing that Dr. Breyfogle's letter should be considered in respect to him, individually, but not in respect to him as a member of this so-called society. I am perfectly willing that

any committee should be appointed to investigate that thing, and should be the first to aid it."

Dr. Davis said: "I think as Dr. Albertson does, in this way: It would be well enough for the Society to meet a committee, not as members of another society, but as physicians, and let our committee report the thing back. I think I have as full an idea of this quarrel as any gentleman on this floor at present. I investigated the whole thing. Dr. Breyfogle is not the innocent man he might be; he knows it as well as I do. But, then, I am willing to hear the other side of the house, what they wish to say, and then let us decide; let our Society take what action they desire to in the matter."

Dr. Albertson was here called to the chair, and

Dr. Selfridge said: "I have, Mr. President, not very much to say on this subject. I look upon it that we have nothing from that society, officially, on the subject at all. Neither this communication from Dr. Griswold, or the letters from Dr. Breyfogle are official. I do not regard them as such. They do not say, themselves, that they have any authority at all; simply they speak as individuals. One signs himself as Recording Secretary, but he does not say that he was directed to write any such communication; he merely says that he represents sentiments. Therefore I say, finally, we have no right to take any notice of this subject at all. We have no official document before us, and therefore I feel that we would be perfectly justified in saying nothing about it at all, and passing it over; but lest we might be called the dogs in the manger, who would do nothing themselves or let any body else do anything, I am in favor of doing something. I am in favor of it, not that we have anything official,

but because a communication is received, and it has been read here, from a person that I believe is a gentleman, though he may have been, and perhaps is, misled. I do not know anything about that, but my sentiments in regard to union are stated in my reply to Dr. Breyfogle; I am not in favor of a union with that society as such. Now, I say, that society comes, I do recognize it as a society, and we are bound to do that; we cannot ignore the fact; it is a society, and is incorporated; we cannot put that out of sight, or not recognize it. It is a society, and if that is an official communication from it we are bound to receive it one way or another. It is not necessary, however, for us to recognize that as a society, because we are not called upon to do it, but it does seem to me that, out of courtesy to one gentleman, at least, we ought to take some notice of the matter, and, therefore, I should be in favor of the appointment of a committee, as stated in the resolution, to which this whole matter should be referred, and let them bring in a report, and let it be thought of; let it be considered with as much wisdom as can be brought to bear on the matter, so that what we say shall be final; what we say shall be in the spirit of charity and gentlemanliness as well. I do not believe in thus scouting the thing entirely, and throwing it out, as if every body connected with that society were scoundrels or scapegraces, or any thing of that kind. I think it is unfortunate, perhaps, that there are some individuals in it that, perhaps, have disgraced it, but all should not be disgraced."

Dr. Davis wished to add just one word more: "It strikes me that this committee ought to be very careful to have it explicitly stated to Dr. Griswold that

we do not recognize him in his official capacity, because, if we do, he will bring that up, for I know him of old. I have had connection with him, and the first thing he will do will be to say that he sent a communication to us, and we recognized him in his official capacity."

Dr. Selfridge resumed the chair, and said: "I believe it is perfectly understood that we do not recognize that as an official document. The question is as to the appointment of a committee to whom the whole subject-matter in Dr. Breyfogle's letter be referred."

The question being called, the motion was put and carried.

The President appointed as the committee Drs. Albertson, Cushing, and Pease.

Dr. Cushing was willing to serve on the committee, if it can be done in the daytime, but evenings he could not do it.

Dr. Pease did not wish to have any thing to do with it; he had enough else to attend to already.

The President then appointed Dr. Davis in place of Dr. Pease.

Dr. Davis said, "Perhaps it would be better not to appoint me on that committee, for that society does not love me particularly much, and I am certain that I do not love them at all."

The President replied that Dr. Davis would have nothing to do with them at all; it was with our committee he would have to deal.

Dr. Hughson said: "That society consider that Drs. Geary, Albertson, and Pease are particularly opposed to them. It is considered by them that these three parties are opposing spirits. Now would it not be better to have some others appointed?"

Dr. Davis thought it better to appoint some neutrals; he was not neutral.

Dr. Geary said: "As to being an opposing spirit, I have no objections whatever in the matter. I am perfectly willing, and want that to be distinctly understood, as I am deeper in this matter than any one here by my public record. I take it every man here knows that I am perfectly willing to allow, to-morrow, every single gentleman who has become unfortunately connected with that society without knowing Dr. Fraser's public record, provided he is otherwise qualified, to use a Latin expression, *cæteris paribus*, to become a member of this Association. But to become a member of any society in which Fraser and Hiller the elder, or the other Hiller without a diploma, or any social circle in which they are admitted, it is utterly impossible that it should be so. That is my position; it extends that far and no farther."

Dr. Pease wished it to be understood that his opposition was to wrong and wrong-doers, and not to the society as a society.

Dr. Davis moved that the vote be reconsidered.

Dr. Selfridge said that the whole matter would then have to be reconsidered.

Dr. Ingerson moved that the President be added to that committee. This motion was put, and carried; the committee then consisting of Drs. Albertson, Cushing, Davis, and Selfridge.

Dr. Selfridge remarked that the next thing in order would be the election of Directors, under the incorporation, and he thought it well to recognize the corporate existence of the old society by electing the incumbent Directors.

It was then voted that the Society proceed to the election of Directors, and it was further voted that the Secretary cast the ballot for the re-election of the old Board; and upon the ballot being cast Drs. Selfridge, Cushing, Ingerson, Albertson, and Pease were declared elected.

On motion of Dr. Davis the Society then adjourned, to meet at 8 o'clock P. M.

EVENING SESSION.

The evening session was held at the parlors of the Young Men's Christian Association, and there were present Drs. Selfridge, Albertson, Ingerson, Geary Ballard, Knapp, Beakley, Ledyard, Davis, Jenks, Poulson, Hughson, Cross, Pease, Arnold, and Cowles.

Dr. Albertson presented the report of the special committee appointed at the morning session to consider Drs. Griswold and Breyfogle's communications.

Dr. Selfridge read the committee's report, and in connection therewith the letters of Drs. Griswold and Breyfogle, as a part of the report, as follows:

GENTLEMEN OF THE PACIFIC HOMŒOPATHIC SOCIETY OF THE STATE OF CALIFORNIA:

Your committee, to whom was referred the subject of union, beg leave to report that,

WHEREAS, The following letters were received by J. M. Selfridge, President of this Society, from C. W. Breyfogle, to wit:

"SAN JOSE, Cal., April 8, 1876.

DR. SELFRIDGE, Oakland, Cal:

My Dear Doctor:—I write you this morning upon a subject which is very near my heart. I have sought by every legitimate means to have a better state of

feeling in our profession upon this coast; but, until quite lately, I had thought that I had no support toward that end, except Dr. Barnes, of San Diego. I have been so tired of the useless and foolish quarrels that I wrote to one of the members of our Society that I would positively, from this time forward, have nothing whatever to do with any movement which had its basis in these quarrels, even if I was thereby compelled to isolate myself from our whole profession. I said this officially and unofficially. You are a Christian man, dear Doctor, and can the better appreciate my feelings upon this question. The condition here is, and has long been, most deplorable. Is it not a sacred duty to you and to me to use our utmost efforts to make an amicable settlement of these troubles if possible? I believe that the time has come when it *is* possible. A letter from Dr. Griswold last night informs me that it has already been favorably discussed, and that you have been prepared for a communication from me upon the subject. Allow me to say, before going farther, that, much as I have been tempted to address you before upon the matter, I have only been restrained by the fact that my position in the Society (in this unfortunate state of feeling) would have caused such a communication to have a traitorous look, and seriously weaken any influence I might have. You will therefore appreciate my position and how rejoiced I am that I can now address you. Our Society meets on the evening of the 11th—next Tuesday. Before I was aware of my not being alone I determined to make one last and strong effort toward reconciliation, in my address. In all this I have been aided by the advice of Dr. Barnes. You see, therefore, how much we shall be prepared to discuss the

question of unification. Now I ask you—officially or unofficially, as you may see best to term it—to call an informal meeting of your Society for the same (Tuesday) evening, to discuss an unification upon a basis hereafter proposed, that we may take the proper steps toward that end by appointment of committees, or in any other manner that may seem best. We must not forget that such a move must be inaugurated in a spirit of mutual concession, and that it must be based upon professional duty solely, all private wrongs being cast out of our discussions. *Let us keep in view the good of the whole.* As a basis for such unification I propose the following—being the only basis yet proposed, original with Dr. Griswold, and which *I most heartily indorse:*

First.—One society to take the name and incorporation of the other; the other to take the Constitution and By-laws of the one.

Second.—Members of either society unable to show diplomas shall resign, but may be admitted into the unified organization on the acquirement of a certificate from a State Board of Examiners, as per regulations of accepted Constitution and State Law.

Third.—Officers of the Society and Board of Examiners to be elected from the former members of either society, in equal numbers.

Fourth.—Records of both societies to be preserved in the archives as part of the existence of the unified society.

Fifth.—Conditions of unification to be published in the journals, so that neither society shall *seem* to be absorbed by the other.

Sixth.—The name of the unified society to be determined by lot, or by reference to two or three

disinterested members of the (Allopathic) profession. (I do not like the word Allopathic!)

If there is anything further you may wish discussed, please inform me at once; and let me assure you, my dear Doctor, that *I, personally*, shall leave no stone unturned for the accomplishment of this end. I have no thought of self, and deem it proper to say to you that I am willing to take the very back seat, so this happy end can be reached. If, now, you will call such a meeting, please *telegraph* me immediately, "yes." If you decline—and I hope and believe you will not—please telegraph "no." I should be much gratified to receive a letter in reply, that I might know your views. I shall leave here Tuesday afternoon for San Francisco. Should this move be inaugurated, I should feel it an honor to be permitted to vote for it. But I am going East, May 1st, and would be much pleased to have the measure *urged* a little, that I might be able to take part.

I shall await your reply with much impatience, and in the meantime, and always, believe me

Yours fraternally,
C. W. BREYFOGLE."

"SAN JOSE, April 15, 1876.

MY DEAR DOCTOR:—Yours of yesterday has just reached me, and I hasten to reply, as I feel quite anxious that one point in my letter should be explained at the earliest moment. You say you have nothing to concede. I do not claim that you have, Doctor. I intended to say that we would have to come together in a *charitable spirit*, letting all the personal conflicts of the past be forgiven and forgotten. I spoke thus *not* with reference to our societies, but *as indi-*

viduals. Let me explain more fully by illustration. Dr. A has done me a very grave injury, treated me unprofessionally, tried to injure my good name, or perhaps even gone farther than this. I cannot associate with Dr. A, and do not recognize him socially or professionally. I am a member of a medical society, and Dr. A applies for admission. He is a graduate, and is practicing in my theory, and there is only my own injury to plead against him. Shall I plead that injury, and vote against admission, or concede his *right* to admission, foregoing my personal animosity? I claim that the latter is the only right course, the other being in the highest degree unjust. It is hard to do this, I grant, but we have to do many hard things in this world. *I* have done this very thing, and I feel much more pride in the knowledge that I thus conquered myself than in any feeling of satisfied revenge.

I grant that I do not know the whole history of these San Francisco troubles, and I do not wish to know them. What little I have heard—and I do not refer to *your* side—is bad enough, God knows. I only wish to do my part to provide for a better future, and I shall hope still, discouraging as it looks, for the happy end. I beg you to believe, dear Doctor, that in this affair I am acting solely from *principle*, not caring a picayune for *men*. I am able to stand alone, and will do so at all times and in all circumstances, rather than yield one iota of that which conscience teaches me is *right*.

I appreciated your reasons for not calling a meeting of your Society before you wrote them. I only pray for calm, *dispassionate* consideration of the question when you meet. I told one of your members that I

placed myself under his direction in being willing to obey his call at any time to an informal meeting of a few, to talk over this matter, if it should be thought best. (I have to-day decided to start East one week sooner than I originally intended, so I shall not be at liberty to do this after next Friday.) I believe, dear Doctor, that I have kept clear from any personal animosity in these difficulties, and I hope I shall be able to do so in future. I *know* that I have the very kindest feelings toward all of you, and your kind letter gives me much pleasure. Once my name was involved, but officially. I would that as pleasant feelings were felt by all of us. I, too, have not always been treated as strict professional etiquette demands; but I am charitable enough to attribute it to one of two motives—ignorance or avarice—so I simply take due care to give no opportunity for a repetition.

I shall leave for my home in the East, hoping to hear good news ere my return. If I can do anything by letter, a letter to me here will be forwarded. I suppose not, but deem it best to mention it.

With thanks again for your kind feeling toward me personally, and with assurances of its sincere return, I remain

Yours faithfully and fraternally,

C. W. BREYFOGLE."

And whereas, The following communication has been presented to this Society, signed W. N. Griswold, to wit:

"TO THE MEMBERS OF THE PACIFIC HOMŒOPATHIC SOCIETY OF THE STATE OF CALIFORNIA:

Gentlemen—The undersigned, representing the prevailing sentiment of the members of the California

State Medical Society of Homœopathic Practitioners, begs leave to propose the *union* of the Pacific and California societies, on some basis involving mutual concessions.

He suggests the appointment of a committee of conference on the part of the Pacific Society, to meet a corresponding committee, to be appointed by the California Society.

He requests, also, the immediate consideration and disposal of this proposition.

The California Society will have a special meeting, Friday evening, May 12th, to transact such business as may come before it.

Respectfully,

W. N. GRISWOLD, M.D.,

Rec. Sec. Cal. S. M. S. of H. P.

San Francisco, May 9, 1876."

And whereas, Neither of these communications pretend to be official in their character, and therefore have no authority;

And whereas, The society with which these gentlemen are connected has not acted in accordance with the spirit foreshadowed in the letters of Dr. Breyfogle, viz., have not appointed a committee of conference, as was intimated would be appointed, your committee would therefore recommend the adoption of the following resolution:

Resolved, That the Secretary of this Society be, and is hereby, instructed to transmit a copy of this report to W. N. Griswold, informing him of the readiness of this Society to appoint a committee of conference

whenever the society with which he is connected shall have appointed a similar committee.

Committee, { J. A. ALBERTSON, J. J. CUSHING, G. E. DAVIS, J. M. SELFRIDGE,

Dr. Geary said: "There is only one difficulty that may occur by-and-bye. Suppose they appoint a committee to meet you gentlemen, and the chairman of the committee is Fraser, what can you do with it?"

Dr. Selfridge replied: "I will risk that."

Dr. Davis: "If I understand it, this appointing a committee is simply a preparatory measure. I do not understand that they are bound to take any action, except to receive the communication from the corresponding committee of the other society, and shall then report to this Society for final action—not that they are empowered to receive anything themselves."

Dr. Selfridge said: "We have not received a communication from the other society at all; these are from parties as individuals, and not officially. One signs himself as secretary, but he does not say that by resolution he was directed to make a communication of this sort. He does not in any way commit his society. I would call it a dodge. We pledge ourselves only to appoint a committee if they do. Let them appoint a committee, and we are in readiness to do likewise."

Dr. Geary said: "I like that expression 'dodge.' I I am sure you are right there; I always speak my mind." [Laughter.]

The report of the committee, together with the resolution presented, was accepted and adopted by the Society without objection.

The Secretary presented the credentials of Dr. J. W. Angell, of Calistoga, and proposed him for membership.

Dr. Selfridge said he had seen Dr. Angell's diploma, and it was dated 1844.

The Censors reporting favorably, Dr. Angell was elected a member, the Secretary by direction casting the vote of the Society.

The President then appointed the bureaus, as follows:

Materia Medica. — G. E. Davis, M. T. Wilson G. H. Jenks.

Clinical Medicinc.—W. A. Hughson, H. Knapp, J. M. Selfridge.

Obstetrics and Diseases of Women.—A. Liliencrantz, W. E. Ledyard, L. E. Cross, L. A. Ballard.

Surgery, General and Ophthalmic.—G. M. Pease, J. A. Albertson, W. E. Ledyard.

Anatomy, Physiology, and Hygiene.—W. A. Hughson, G. S. Barrows, J. W. Angell.

Organization, Registration, and Statistics.—H. H. Ingerson, J. F. Geary, J. J. Cushing.

Dr. Jenks said, " In appointing bureaus I think the President should appoint members in such a way as to bring out diversity of opinion. There are members of the Society known to be what might be called " High Potency men " and " Low Potency men," and some that do not confine themselves to either. All sides ought to be heard, and all sides ought to be respected. I would be sorry to find fault with any man on the question of potency. I say we ought to bring out in these bureaus a diversity, and in the Bureau on Materia Medica it is composed of three men who all agree on the question of potency."

Dr. Selfridge replied, "I knew nothing of that in making the selection."

Dr. Geary said, "There is the danger, I see. We have what we call extreme Hahnemann or 'High Potency men,' who are tied to these high potencies. We have to guard against that. I, myself, scarcely know who is who; but it is in consultation and meeting each other and aiding each other that the great danger will arise. I have made this rule for my own government: If I call in a 'High Potency man' in consultation—and I am as ready to do it as if he was 'Low Potency'—I hear what he has to say about the remedies; maybe he can suggest better remedies than I should, but I require that he shall leave me to give those, high or low, as I think proper; and if he should call me in consultation, I leave him equally free. I suggest to him remedies for the case, and then leave him perfectly free to give those, high or low, according to his own ideas. In that way harmony will exist among us. I am as ready to call in Brother Pease, who is high, as I am to call in Brother Selfridge or any other brother; but I think that rule ought to be kept in mind by us all, and by no means, if possible, to make any discrimination, but to let harmony and good sense pervade our Society from this day forever. We have fighting enough outside, but inside let us be harmonious."

Dr. Jenks said, "I indorse that view, and that is the course I have followed in consultation with other physicians; when a difference comes up in regard to potency, I leave him free to use his own judgment. I suggest the medicine, and he uses his own potency."

The next thing in order was the reading of papers, and Dr. Pease read a paper communicated by Dr.

Ad. Lippe, of Philadelphia, on "The Relation of Homœopathy to Pathology and Physiology."

Dr. Wilson moved that the paper be accepted, with thanks.

Dr. Geary said, "If that paper is to indicate the creed of the Society, I beg leave to say that we do not want it published in our transactions."

Dr. Selfridge replied, "We do not necessarily indorse or accept any man's paper or take it as our creed; we merely get his views. Variety is the spice of life."

Upon being put to vote, Dr. Lippe's paper was unanimously accepted with the thanks of the Society.

Dr. Geary said, "We accept it with thanks, but it does not compromise us to his principles."

Dr. Pease—"No, sir! no more than we are compromised by the remarks of Dr. Geary." [Laughter.]

Dr. Albertson presented and read a paper entitled, "Some Thoughts on the Passage of Gravel through the Ureters."

Dr. Wilson then read a report upon cases of Intermittent Fever.

Dr. Selfridge presented and read two papers; one upon "Annealed Gold Wire in the Treatment of Fractured Lower Jaw," and the other, a "Partial Proving of the Astragalus Menziesii."

Dr. Pease read a short article on "Post-climacteric Pregnancy."

Dr. Davis said, after the reading of the last paper, that he had known a lady of sixty-five who had a baby at that time.

The hour being late, no discussion was had upon the papers, and several remaining unread, were referred to the Committee on Publication.

On motion the Society adjourned.

THE RELATION OF HOMŒOPATHY TO PATHOLOGY AND PHYSIOLOGY.

BY DR. AD. LIPPE, PHILADELPHIA.

As Homœopathicians, our therapeutics must be in accordance to and in harmony with the law of the similars. That this law may be properly applied we must have two factors: first, the symptoms of the sick; second, the pathagenesis of the drug to be applied. In order that we may obtain the totality of symptoms, we are to examine the sick, and have to avail ourselves of all the aid we may obtain from a knowledge of all the collateral branches of the medical science; included among them a knowledge of physiology and pathology. As far as that knowledge goes we learn first, from physiology, how the healthy functions of the body are performed, and in what manner physiology has sickened—*i. e.*, in what manner these various functions of the organs or tissues are disturbed, and are not properly performed; and pathology, as far as it is known, teaches us the history and probable cause of the disease we have to treat. The more we know, or is known, of pathology, the better will we be enabled to make a good examination of the sick; the better will we be enabled to classify and properly esteem the importance and value of the symptoms we have elicited; the better will we be able to know what symptoms belong to the disease itself, are generally present, and what symptoms belong to

the sick individual, thereby becoming the most characteristic symptoms of the patient, and by them principally will we be guided in our therapeutics. As Homœopathicians we individualize, and these very symptoms, not generally or not necessarily present in the form of disease which pathology teaches us the sick is suffering from, constitute the characteristic symptoms of the case coming under our therapeutics, and to be most prominently considered when we choose the most similar remedy from among the proved drugs, and on record under their pathogenesis; and we may be allowed to express our conviction that in that respect pathology is only of a negative advantage to us; and if the choosing and administering of the similar remedy were all the healer has to do, then pathology would be of little use to us—only useful negatively. The true healer has more to do than to merely administer the truly Homœopathic remedy. This is only a part of his duty. He has furthermore to lay down a general règime for the sick. This includes diet, air, ventilation, occupation, and residence, and even the psychological treatment of the sick, and without a knowledge of pathology, this further duty cannot be well performed. We will now endeavor to illustrate this proposition, and take an extreme case for illustration. Say a man twenty-four years old suffers from fistula in ano, which under Homœopathic treatment heals. Probably he suffered before from a cutaneous disease—tetter—which had been dried up by a materialist. This tetter does not reappear after the healing of the fistula, as was reasonably to be expected. The man has a feeble constitution, and instead of the tetter reappearing, he begins to cough —a merely slight, hacking cough. This narrow-

chested man, raised in a confined counting-room, becomes feebler; the most carefully-chosen remedies only relieve him momentarily, and for a short time. Pathology teaches us that there will be a development of tubercles in the lungs before long. This patient is sent during several succeeding Winters into a, for him, more suitable atmosphere, where he can inhale such fresh air as suits his constitution. He is made to quit the confined counting-house, and live in the open air. Before long his tetter returns; his lungs become strong. The tetter restored did yield gradually to the properly-chosen similar remedies, and the sick man is permanently cured. This is not a problematical case, but one of reality. The mere administration of the proper drugs, chosen in accordance with the law of the similars, without the proper règime, would never have sufficed to cure the sick man; and without a knowledge of pathology, such a règime would not have been ordered. It is in this manner that we as Homœopathicians are enabled to make all the various collateral branches of the medical science subservient to our fundamental principles of cure. As to the simple question of diet, we may at times immensely profit by our pathological knowledge. And here is another powerful illustration, also not a problematical case; but one which happened some nine months ago.

A prominent man in a neighboring city was ill with abdominal typhus. I was summoned to see him on the twentieth day of his illness, during which he was most carefully and skillfully treated. The most distressing and evil-foreboding symptom was a frequent very debilitating diarrhea, which was worse when he urinated and passed flatus. Under both these actions the con-

tents of the bowels, consisting of brownish fluid, were expelled involuntarily. The patient had taken, and was still taking, the most Homœopathic remedy—covering all his symptoms—which was Sulphur; still his condition did grow worse instead of better. After further consultation it was ascertained that the patient had been ordered beef tea and mutton broth in quantities, and upon the examination of the urine it was found not to have formed the famous cloud indicating the time for the administration of animal food. It was now agreed to continue the Sulphur (high) and feed the patient on grapes (of which there was a great abundance in his grapery) and milk. The effect of this change of diet was marvelous. The diarrhea ceased at once, and the famous cloud in the urine appearing a week later, the patient having had no discharge from the bowels for five days, was now permitted to take animal food, had no more medicine, and made a complete recovery. Without pathological knowledge, and merely giving the similar remedy, and paying no attention to diet, the result would not have been so good. And now, having illustrated our opinion of the usefulness of pathology in aiding us—*not* in our therapeutics, strictly speaking, but in many cases aiding us in ordering the proper règime—we most solemnly protest against a modern attempt to base our therapeutics on our pathological knowledge. To attempt this folly is in controvertion, is diametrically opposed to the teachings of Hahnemann. To treat merely diseases by their names; to treat sick physiology, and find the similar remedy among our proved drugs and their pathagenesis, is a—burlesque; and to excuse the burlesque because the remedies administered had been triturated or potentized only makes the

burlesque more ridiculous. But, strange to say, the attempt to put the physiological or pathological livery on the Homœopathic school is made by many so-called Homœopathists, under the erroneous belief that such a procedure is "*scientific*." As a school, it behooves us to discountenance all such departures, and stand firmly on our principles. Homœopathy emphatically declares diseases to have a dynamic origin; Allopathy declares that diseases consist in sick physiology. How any one can conceive the possibility of treating dynamic diseases otherwise than by dynamic remedies, or sick physiology otherwise than by crude drugs to correct materially such material changes, has yet to be explained; surely there is no possibility of a sound, logical therapeutic which admits of the possibility to treat material changes with dynamic remedies. The Allopathic school, or Sick Physiology, will no more be benefited by dynamic remedies, which by no possible sophistry can be applied under the law of the similars, than Homœopathy, with its dynamic remedies, can be benefited by compelling her to put on the physiological livery, and, according to the sick physiology, apply her remedies under the law of similars—that would really make Homœopathy and Allopathy convertible terms; and who would desire such a thing? If it were really in the reach of possibilities to treat sick physiology or nosological conditions, the proposition to make the conditions the basis of *our* therapeutics, then the learned men of our school, so anxious to parade the physiological livery, might be said to be the progressive medical men. The possibility does not exist, for many obvious reasons. The inner nature of diseases will never be known to us—it is, always has been, and, furthermore, always will be, a con-

jecture and nothing else; if these various conjectures were a reality and true, then do we not in reality find every sick individual differently affected, his own individuality, the influence of the seasons and climate, change and variously alter the ordinarily well-known forms of disease? And remedies which, at one season or in one locality, often sufficed to cure many cases of a form of disease, may at other seasons and in other localities become entirely useless. We see that, for instance, in Diphtheria, in Scarlet Fever, etc. At one season Diphtheria often yielded in the eastern States to Apis mel., in New York to Kali bichr., in Philadelphia to Lachesis, in Belgium to Phosphor. As Homœopathicians we must, if we are consistent, if we expect to reap the results which we are promised to obtain from a faithful application of our fundamental principles, we must treat each case by itself, irrespective of the name of the disease or the imaginary and problematical cause of the disease—treat the totality of symptoms of each such individual case. The scientific Allopathic school involuntarily gives evidence of this very proposition. In the first volume of Ziemssen's Cyclopædia, page 201, under Typhoid, he says: "No light has as yet been thrown on the question of why Calomel should shorten the career of one case and not of another." It has not been the privilege of the learned Professor Liebermeister, the author of the sentence, to see the impossibility of treating all cases of a disease alike. In the same volume we find Professor Lebert proclaiming that "certain parasites are present, and therefore (what a logic!) are the cause of the so-called Relapsing Fever;" but he says: "It has been impossible to find the specific to kill these parasites." Here are the sages of the predominant school

of medicine, and they do not see the folly of their way; and if Lebert could kill the parasites, would that cure the sick? Turning our backs on these learned men who are unwilling to accept the great, marvelous truths taught by Hahnemann, we become but the better convinced that the true healer must not go out of the way to pick up a few physiological or pathological crumbs by the wayside; but it becomes him, as Dr. Thomas Skinner (Liverpool) in such classical language expresses, to prefer the Homœopathy of Hahnemann to that of any interloper or would-be improver of his marvelous system, and prefer to seek for directions how to practice it first-hand in Hahnemann's works, where it is, thank heaven, still to be found in its pristine purity.

I hope to have shown, that while every healer should have a knowledge of physiology, pathology, and all other branches of the medical sciences, he must not base his therapeutics on any of these branches of knowledge, but must be guided by the teachings of the Master, who was allowed to communicate to the world a great system of the healing art, for the benefit of suffering humanity.

SOME THOUGHTS ON THE PASSAGE OF GRAVEL THROUGH THE URETERS.

BY J. A. ALBERTSON, M. D., SAN FRANCISCO.

Having had a severe personal experience in such a case, I have been led to reflect upon the indications for its proper treatment, which I consider mostly palliative, for the following reasons. I will say little of the distressing symptoms developed in severe cases, as convulsions, collapse, etc., but simply state the generally-admitted fact that the passage of gravel is entirely a mechanical operation, being the effect of a disease, the "disease" itself being the deranged condition of the organism that caused the formation of the gravel, and the passage of it an effort of nature to free the kidney of this product of mal-secretion by the only way possible — through the ureter. When from any cause the gravel becomes detached from its place of formation, the calices of the kidney, and enters the partially funnel-shaped mouth of the ureter, the sharp points and angles of the uric acid crystals pierce the mucous membrane of the canal of the ureter, causing excruciating pain and irritating its muscular structure, which, acting as all muscular fiber does when irritated, contracts. Thus the contraction upon the gravel increases the pain and obstructs its passage, while the constantly-accumulating urine (which is the real moving power) presses it onward until it passes from the ureter into the bladder, when most of the symptoms suddenly cease.

Such being the case, the indications for treatment are: 1st. To prescribe such medicines as will tend to allay the irritability and relax the muscular structure of the ureter. 2d. To increase the quantity of urine, thereby increasing the pressure and moving the gravel onward fast as possible. 3d. In severe cases, to give palliatives to lessen the pain, ward off convulsions, etc., for which the anæsthetics are indicated upon the same general principles as in obstetrics.

Specific Homœopathic medication is required to correct the abnormal condition of the system that caused the formation of the gravel, and also to remove the local and constitutional disturbance that may remain after its passage. But, to my mind, it is just as absurd to suppose that a remedy, however well selected it may be, will stop the pains during the passage of the gravel, and let the case progress, as it would be to suppose that a Homœopathic remedy would stop the pains of labor and still let the labor go on, or relieve the sufferings of a surgical operation before it is completed.

I find many remedies highly applauded, as having done remarkable things in such cases, when the fact is, that the remedy that the patient happens to be taking at the time that the gravel passes from the ureter into the bladder gets the credit of a cure, when, perhaps, it bears no more relation to the cure than it does to small-pox or ague. Yet it is put on record for some other physician to experiment with until he proves its worthlessness. I find several authorities to support the above views, among which Bæhr says (vol. i., p. 616): "An attack of renal colic itself is most likely beyond the reach of strictly medical treatment, whatever may be asserted to the con-

trary by many practitioners. The calculus (or gravel) has to pass through the ureter, and no medicine can hasten its passage. Moreover, it is impossible to judge of the effect of any medicine, because we cannot decide *à priori* how soon a calculus will pass if no medicines are employed."

INTERMITTENT FEVER.

BY M. T. WILSON, M. D., SAN FRANCISCO.

CASE I. — NATRUM MUR.

Miss B., æt. eighteen; Irish; contracted Intermittent Fever in South America, and was treated Allopathically. Soon after recovering came to San Francisco, when the chills returned; aid of an Allopathic physician was obtained, but without any effect. She continued under the care, at different intervals, of seven or eight of the so-called "*regulars*" for fifteen months, at the expiration of which time I was called.

Chill commencing in the stomach, and from thence spreading all over the body; vomiting of the ingesta affords partial relief; has a dull, heavy pain in the left pectoral region, with a dry cough; cannot walk or sit up on account of dizziness; profuse cold perspiration on the forehead all the time; sweat in the palm of the hands, and cold, clammy feet; pulse irregular; tongue coated with a dark-brown coating; mouth dry; short intervals of fever in the afternoon; one cheek flushed, and the other pale; no appetite; bowels constipated; menses regular; urine natural.

In view of the former treatment, I gave Nux. v. 200 in water, a teaspoonful once every hour. The next morning I found my patient some easier, and gave Calc. c. 200 in water, once every two hours a teaspoonful, and continued the same for two days, up to which time she was improving. I then gave Sacc.

lac. in the same manner for twenty-four hours; then gave one powder of Calc. c. 41 *m.*, and dismissed the case, feeling very much elated over the success achieved. Six days afterward I was called again, and found my patient suffering with a chill, commencing 10:30 A. M., lasting for a short time. Fever slight, but profuse perspiration, and cold feet; has an insatiable desire for salt, and wishes her food very salty; bowels constipated; urine natural; no appetite; tongue coated with a white coating; pulse full and strong. Gave Nux. v. 200, one powder on the tongue, and followed it with Natrum m. 400, a teaspoonful every two hours, and continued the same for three days. Fourteen days afterward I gave on the tongue one dose of the 15 *c.* Seven days intervening, when the lady called at my office, I gave her on the tongue one powder of the 100 *m.*, and dismissed the case cured.

CASE II.—ARSENICUM ALBUM.

Miss B., æt. twenty-seven, American. Chill commencing 11 A. M., and lasting until 1 P. M.; during the chill, thirst; drinks little and often; soon after taking any fluids they are thrown up, and followed by a paroxysm of muscular contraction, which is more severe and annoying than the chills; pain in the lower lumbar and upper dorsal regions, also in the left hypochondrium; cold, damp feet; headache worse 3 P. M.; pain more severe over the eyes and in the back part of the head, and are relieved by the application of cold water; cheeks flushed, skin burning hot; pulse full and quick; tongue coated with a brown coating; bowels constipated; urine profuse, and of a dark-brown color; menses retarded; no appetite; gave Ars. 200, in water, teaspoonful once every hour. Second day.—No chill,

headache, or fever; feet warm; continued Ars. as before. Third day.—Chill, 12 M., lasting until 2 P. M., followed with a burning fever which lasted for three hours; then a profuse perspiration. Continued Ars. Fourth day.—Some improvement; coating on the tongue cleaning off; pulse regular; bowels moved; Ars., 2 *m.* Fifth day.—Continued to improve; Ars., 10 *m.* Sixth day.—No chill; left side very sore and tender to pressure; Ars., 15 *m.*

Dismissed the case cured.

ANNEALED GOLD WIRE IN THE TREATMENT OF FRACTURED LOWER JAW.

BY J. M. SELFRIDGE, M. D., OAKLAND, CAL.

In this brief article on annealed gold wire in the treatment of fracture of the lower jaw no claim to originality is made; but as the apparatus used from time immemorial (which usually consists of a firm strap passed under the chin, and fastened by straps and counter-straps over and around the head) is very inconvenient, and in many respects objectionable, it was thought best on this occasion to present this as a better method.

This is the more readily done because it has not received the attention merited by those who have written on the subject, and, furthermore, it is but proper that the originator of this idea should have the credit due him, even though, for aught the writer knows, he may be dead. The objections to the old method are its cumbrousness, its liability to slip and get loose, and last, but not least, the complete immobility of the jaw; thus seriously interfering with speech and the taking of food.

But the method here recommended, while it fulfills all the indications required in the treatment of any fracture of this bone, except of the ramus, allows free use of the jaw, and permits the patient to partake of such food as does not require chewing, and to use the organs of speech with the same facility as if no accident had happened.

My attention was first called to this method of treatment in the fall of 1852, by Dr. Wright, a dentist of Sacramento City. He had just set a fracture of the lower jaw for a man who had received a blow on the side of the face, causing a fracture through the body of the bone.

The patient could eat and talk as usual, without producing motion at the seat of fracture. The cure was all that could be desired. The doctor assured me he had treated several similar cases with equally good results.

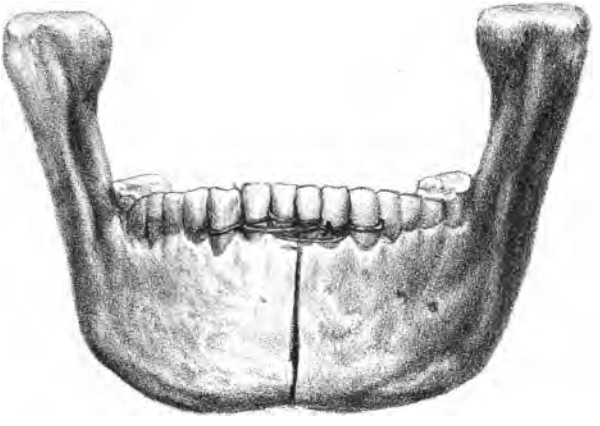
Dr. H., a dentist now in Oakland, recently gave me an account of a case of comminuted fracture of this bone which he saw treated by this method in Los Angeles, by a dentist of that city. The cure was perfect. This method is well represented in A, Fig. I.

It consists of a very fine annealed gold wire, passed between and around two or three of the firm teeth, on either side of the seat of fracture, and fastened with sufficient firmness to hold the fragments closely together; the serrated margins being usually sufficient to keep the ends of the bone from slipping either up or down.

Should they incline to move, however, or should the wire press down upon the gums, either difficulty can be easily obviated by applying an inter-dental splint, made of gutta percha, along the "dental arcade and across the line of fracture," over which the wire should be firmly fastened, as represented at D, Fig. II.

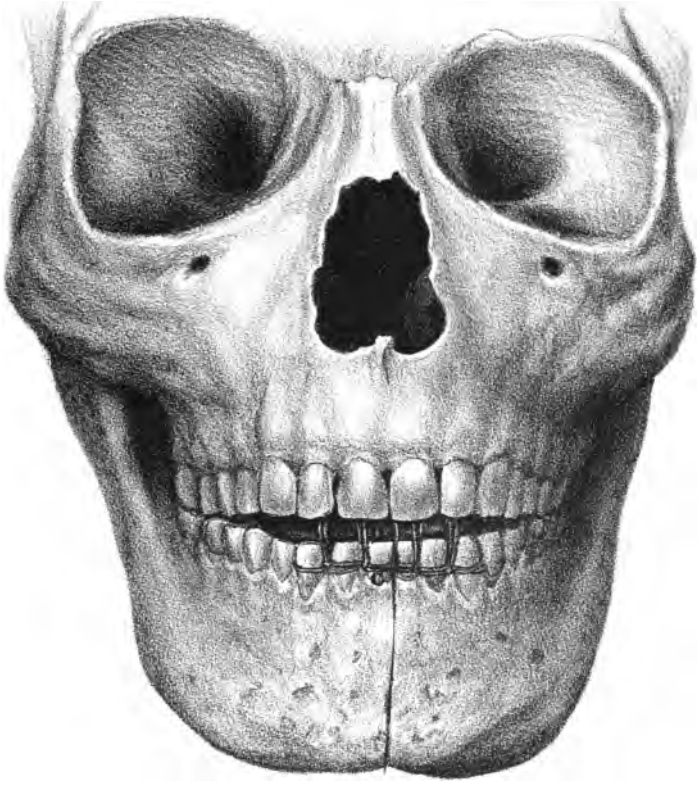
This method of treatment, although known by a few for the last twenty-four years, is comparatively new to the profession; for it is not mentioned even in so late a work as the last edition of "Fractures

Fig 1.



A. Annealed Gold Wire.

Fig 2.



C. Annealed Gold Wire.
D. Gutta percha Interdental Splint.

and Dislocations," by Hamilton. He mentions it, however, in his "Principles and Practice of Surgery," a more recent work; but not to commend it. On the contrary, he makes three objections to it. His first objection is, "They are apt to slide down upon the gums." This, as I have already shown, is easily obviated by using the inter-dental splint. His second is, "They gradually loosen the teeth." This objection is most assuredly inferential, and not the result of practical observation; for every dentist knows that in tying teeth together, for the purpose of drawing one into line with the rest, they have to repeat the operation very frequently before the tooth can be moved from its abnormal position. But even if what he says be true—"that the teeth are loosened"—his objection does not amount to anything; for everybody knows that teeth will tighten again in their sockets when knocked completely loose by blows or falls. Furthermore, I have consulted some of the best dentists in the State, who think this point of the doctor's is not well taken.

His third objection, viz: "And acting horizontally, they act at great disadvantage," he himself answers, as follows: "Dr. Prout, of Brooklyn, has succeeded, in one case under my observation, in obviating this last objection, by fastening the wire to the crown of the teeth, and securing it over a piece of gutta percha laid along the top of the dental arcade, and across the line of fracture."

With such a demonstration before him of the possibility of treating this fracture without the use of the cumbrous and inconvenient apparatus which he recommends, I wonder how he could refrain from commending it to the consideration of the profession.

It seems to be another illustration of the persistency with which even *great men* cling to preconceived notions.

Gentlemen, the simplicity and convenience of this apparatus commends itself to your consideration, and from what I have seen I must heartily indorse it, hoping, for the sake of humanity, that, should either of you have a case of the kind in your practice, you will lay aside all prejudice, and give it a practical test.

PARTIAL PROVING OF THE ASTRAGALUS MENZIESII; ALSO CALLED "MILK VETCH," "POP-PEA," "POMPOUS PEA," AND "RATTLE-WEED."

BY J. M. SELFRIDGE, M. D., OAKLAND, CAL.

The object in presenting this paper is to call the attention of the profession to an indigenous plant, about which but little is known, rather than the presentation of any great amount of positive knowledge.

From the brief proving made upon myself, and still more from its poisonous effects upon animals, it would seem to possess valuable therapeutic properties. With the hope of eliciting an exhaustive proving, I wish to state in the outset that I will furnish any number of volunteers, with a sufficient quantity of good mother tincture, with which to make the trial.

My attention was first called to this plant in the Spring of 1868, by persons owning cattle in Alameda county. But I did not gain any definite knowledge of it, or of its effects, until several months later.

This was obtained from a chaplain in the United States Army, who had been previously stationed in the southern part of the State.

He said: "Animals, after eating it, became apparently blind, ran against anything in their path, fell over rocks, or into ditches; did not seem to know

what they were about; seemed crazy, and after a time died." Ranchmen gave much the same account, but called it the "blind staggers."

PROVING.

Having obtained a good specimen of the plant, June 17th, 1869, at 4:30 P. M., I ate some of the green leaves. They were very bitter. In fifteen minutes I experienced a slight burning sensation in pharynx, œsophagus and stomach. At 5 P. M. a feeling of fullness in the right temple and superior maxillary bone; also slight nausea, accompanied with shivering and chilliness such as frequently precedes or accompanies nausea; 5:20 experienced occasional attacks of dizziness, with fullness of the head; 5:45 felt weak; arms felt as if trembling; 6:30—still felt weak, with a sense of emptiness at the stomach; 7 P. M.—ate a light supper, which did not remove the weakness, although the feeling of emptiness was relieved. Had a pressing pain in both temples, which lasted until nine o'clock; 7:30—felt as if my nerves were all trembling; 9:15—had a slight pain in the left superior maxillary bone, followed by a feeling of pressure, which continued but a minute or two; 9:20—aching in the right superior maxillary, with a sense of pressure in both bones; also slight pain in the masseter muscles. Restless sleep after midnight. Frequently-disturbed sleep, with dreams of quarreling. Had a stool at 7:15 A. M—an unusual hour; loose, like diarrhœa, with burning and tenesmus; 8 A. M.—slight burning at anus, recurring occasionally; 9:15—occasional feeling of tenesmus.

No further symptoms were observed after this hour. There being an increased pressure of business, the dose was not repeated.

During last Winter Dr. A. Kellogg read a paper before the California Academy of Sciences, entitled "California and Colorado Loco Poisons," which being about the only thing of the kind in print on this subject, I will, with your permission, quote so much of it as pertains to the matter under consideration.

"During the last generation, or about fifteen years ago, the poisoning of horses, cattle, and sheep, by the cattle-weed, Pompous Pea, or Pop-pea, Menzie's milk vetch (*Astragalus Menziesii*—Gray), of the vicinity of San Francisco, came to our knowledge, and innumerable instances since, reported from all parts of the coast where it abounds, have only served to confirm these observations. How long it has been known to the native Californian we are unable to say; but reiterated experience has taught sad lessons to independent observers everywhere. To some, however, the cause of their misfortunes is still a mystery. We have reason to know that there are also other similar causes of which we shall treat hereafter. This subject has been frequently brought before the Academy, but no record hitherto appears in the proceedings. This and some allied forms have been figured and published here, so that the public may be supposed to be somewhat familiar with it. The plant has much the appearance of bladder senna. As no chemical analysis has been made, nor any carefully noted experiments tried on animals, all we know is the serious results, often obscurely and imperfectly reported by the farmer, ranchero, herder, and the shepherd.

"Horses and cattle in this vicinity, we notice, shun it so long as the pasturage is good, but as it becomes bare, and hunger impels, they bite it and become narcotized, or, as we may say, intoxicated. They stagger

and are unsteady in all their movements; act strangely and stupidly, and seem to lose their good horse-sense, or common brute sagacity, acting like fools; hence the Mexican name '*loco*' given to it. At length they become thinner, and cannot be restored to 'condition.' They get to like the weed more and more, apparently infatuated, as the Sandwich Islander for his ava (*Macropiper methysticum* in water), or the drunkard for his bottle. If only slightly '*locoed*' they are scarcely fit for general use, because so unreliable in perilous paths, or emergencies, acting so like fools, to the shame of all sensible animals. What is most remarkable with both this and the Colorado '*loco*' is the permanence of the impression, often lingering for many months, or even years, half demented, until at length they die."

"Death often supervenes suddenly. The effect is similar with horned cattle and sheep. This rattle-weed is by no means confined to damp ground, but thrives equally on dry hills, in all soils. It has a tall and leafy stem or stems, in bunches, from a common perennial root; leaflets many-paired (twenty or more); stipules at the base of leaves trianguloid membranous; flowers, dirty, pale yellowish or whitish, tinged with red, mostly bent forcibly back; pods inflated, about two inches long, and thinly membranous—indeed, so bladder-like that boys amuse themselves by popping them; hence the name 'Pop-pea.'

POST-CLIMACTERIC PREGNANCY.

BY G. M. PEASE, M. D., SAN FRANCISCO.

Under a similar title I read an article, some time since, in the *Medical Investigator*, reported by Dr. L. S. Cole. I will relate a case of a similar kind. Mrs. R., a fleshy lady, aged forty-six years, supposed herself, a year or two ago, past the climacteric, but, as she had a slight abdominal enlargement and a sense of fluttering in the abdomen, she consulted her family physician, who gave her such treatment as he deemed necessary. The lady had previously given birth to two children, the youngest sixteen years ago. On the second of December last I was called in consultation upon the above-mentioned patient; was informed that a slight hemorrhage had taken place, and that there existed, during the preceding twenty-four hours, an oozing of water from the vagina. It was supposed to be from a congestion of the uterus, or caused by a polypus. Upon my arrival I found her held up by two ladies, with her feet out of bed, and complaining bitterly of spasmodic pains in the back, with considerable dyspnœa, which made it difficult for her to lie down. Getting her into bed, however, with the head raised, I noted first an enlarged abdomen, with the tumor distinctly felt in the upper part, but not clearly made out, owing to the thickness of the abdominal wall. With a stethoscope a careful auscultation was made over that portion which would be likely to give

any sounds from the uterus, but none were noticed. Proposing then a digital examination per vaginum, the doctor said he had made one, but could not reach the os. We compared fingers, with the result of determining me to try it.

I found the os well dilated and a fœtal head presenting. The announcement was made that the cause of her trouble was a natural one, and would soon be over. But we feared the fœtus was dead. Determined to be certain upon this point, I put my ear again over the abdomen, and far over on the right side I distinguished the fœtal pulsation, and counted one hundred and forty-three per minute, leading one to expect the coming contribution to the world's inhabitants to be of the female sex.

The lady was delivered that night of an eight-pound boy. The lady said he must have been a quiet youngster, as she was so entirely ignorant of his existence. Under such circumstances the state of affairs in that house may be imagined, since the needed trousseau for so distinguished a stranger had not been prepared. Mother and child have both done well, although the natural food was not of sufficient strength to properly nourish the child, and condensed milk was substituted for that of the breast.

This leads me to remark upon the use of artificial food for infants. In a majority of cases I have found the genuine Swiss condensed milk, or, failing to get that, the Crescent brand of American make, to agree with the little dependents much better than cow's milk, even the vaunted "one-cow's milk," at least such as is supplied in this city. Variations from this style of food, of course, have to be made to meet individual cases.

CALIFORNIA FOR CONSUMPTIVES.

BY A. D. RISDON, M. D., SANTA BARBARA, CAL.

I would like to say a few words about consumptives coming to California. It seems to be the prevailing idea in the eastern States that if a consumptive can only get to California, no matter how far advanced the disease may be, he will get well.

I have been here in Santa Barbara over three years, and in that time I have had under treatment many of that class of invalids, and I have come to this conclusion: that any and all persons suffering with tubercular consumption cannot recover on or near the coast, or where the damp sea air predominates; and it is only a question of time as to the termination of the disease. If they go back from the coast to the higher altitudes of the mountain valleys, my advice to such cases is to get back from the coast, use no stimulants in the shape of liquors whatever, and live on the best the land affords, and out of doors as much as possible; for the shade of a tree is far preferable to a close room, except in wet weather. If they are too weak and exhausted, or emaciated, when they get here, and they wish me to treat them, I give them from eight to twelve drops of Churchill's Hypophosphites of Lime and Soda, to be taken immediately after the morning meal, increasing the dose two drops every morning until they take twenty-four drops, all the time watching the veins and blood-vessels that

they become not too full, which might cause hæmoptysis, if the blood-vessels of the lungs are very weak, or have become too much exposed by ulceration. In the meantime I watch the case closely, giving such remedies as are indicated by the most prominent or annoying symptoms present. If, at the end of a week or ten days, the patient seems to have somewhat recovered from the effects of his journey, I have him take two drops less of the hypophosphites each morning, until the dose is sixteen drops, and continue that for some time, according to the fullness of the blood-vessels and the richness of the blood, then recede with the dose until none is given, or continue as the symptoms indicate. I give my patients all the good, nourishing food they want, if it agrees with them, but no stimulating liquors whatever. I never have been, and I hope I never may be, guilty of putting any of my fellow-beings before their Maker other than in their sober, natural senses.

Many cases of consumption (so-called), caused by pneumonia, or congestion and hemorrhage, do partially recover here in this climate, if properly treated.

I do protest against giving stimulating liquors of any kind, not even the celebrated California wines, in such cases.

Good, nourishing food, plenty of out-door life (not hard labor), with such Homœopathic remedies as may be indicated, will be all that is necessary to bring them out, and if they will take proper care of themselves, they will enjoy this life many years.

For hæmoptysis, or hemorrhage of the lungs, I give drop doses 2 x dilution of Arnica and Hamamelis, alternately, every five, ten, or fifteen minutes, until it seems to abate, then once in one, two, or four hours,

followed by China. I have never lost a case of that kind, and have been called to many that Allopaths had given up, and seemed past recovery, some of whom are to-day living witnesses, not of my skill, but that Homœopathic treatment saved their lives.

CASE.

Miss M. came here about two years ago, from Illinois, by direction of her physician, who told her she had consumption, and that if California climate did not help her she could not survive many months.

She called on me to prescribe for her cough, which annoyed her very much at night, so much that she could not get sufficient rest. She complained of pain in her right side through to the shoulder-blade, pained her most when she sewed steady than when otherwise occupied. Her skin and the eyes grew yellow, showing that the liver was not in a healthy condition, and she was troubled with a sick-headache about every two weeks. Other symptoms with the above indicated Leptandra virg. Gave her 2 x. dilution, to be taken in two-drop doses every four hours for three days, unless she should feel better before that time; then to discontinue the medicine and report to me. She came back on the fourth day looking and feeling much better, except the pain in her side, which was very troublesome. I told her I did not think her lungs were affected in any manner, and asked for an examination, which was granted. I could find no affection of the lungs whatever; they seemed to be perfect.

The liver was somewhat enlarged, extending far below the ribs, and very tender, and, upon pressing where she complained of the greatest pain, it was very sore, causing her to shrink from my hand. With that

and other prominent symptoms I diagnosed an abscess on the liver. I told her I would like to wait a few days before doing anything more, and await the action of the medicine she had already taken. At the expiration of ten days she returned; said she felt much better, except the pain and soreness in the side. I proposed to treat her with electricity, to which she consented. I used one of Jerome Kidder's six-current batteries, the A D current, placing the positive electrode over the painful spot over the chest, and the negative right opposite on the back, with current as strong as she could bear for five minutes; then moved the negative over the back and side, giving the current a chance to pass through almost every part of the liver. She said she felt relieved after the first treatment. I continued the same treatment every morning, with tonic treatment every other morning, for two weeks, when she said she felt almost well — no nervousness, no cough, no headaches, no sleepless nights, and—what was best of all—no prospect of dying of consumption. I continued the same treatment two weeks longer, when she was discharged apparently sound and well, able to sew all day without pain or undue fatigue. I received a letter from her a short time ago, in which she says she is as well and healthy as she ever was—no more trouble with either lungs or liver.

MEDICAL USE OF COLORED GLASS.

BY G. M. PEASE, M. D., SAN FRANCISCO.

The following extract from the *Gazette des Hospitaux* is the first of the kind that has met my eye outside of our own ranks, and comes nearly two years after my first published article upon the subject, and about twelve years after my first experiments.

"Dr. Ponza, director of the lunatic asylum at Alessandria, Piedmont, having conceived the idea that the solar rays might have some curative power in diseases of the brain, communicated his views to Father Secchi, of Rome, who replied in the following terms: 'The idea of studying the disturbed state of lunatics in connection with magnetic perturbations, and with the colored, especially violet, light of the sun, is of remarkable importance, and I consider it well worth being cultivated.' Such light is easily obtained by filtering the solar rays through glass of that color. 'Violet,' adds Father Secchi, 'has something melancholy and depressive about it, which, physiologically, causes low spirits; hence, no doubt, poets have draped melancholy in violet garments. Perhaps violet light may calm the nervous excitement of unfortunate maniacs.' He then, in his letter, advises Dr. Ponza to perform his experiments in rooms the walls of which are painted in the same color as the glass panes of the windows, which should be as numerous as possible, in order to favor the action of solar light, so

that it may be admissible at any hour of the day. The patients should pass the night in rooms oriented to the east and the south, and painted and glazed as above. Dr. Ponza, following the instructions of the learned Jesuit, prepared several rooms in the manner described, and kept several patients there under observation. One of them, affected with morbid taciturnity, became gay and affable after three hours' stay in a red chamber. Another, a maniac who refused all food, asked for some breakfast, after having stayed twenty-four hours in the same red chamber. In a blue one, a highly excited madman, with a strait waistcoat on, was kept all day. An hour after he appeared much calmer. The action of blue light is very intense on the optic nerve, and seems to cause a sort of oppression. A patient was made to pass a night in a violet chamber. On the following day he begged Dr. Ponza to send him home, because he felt himself cured; and, indeed, he has been well ever since. Dr. Ponza's conclusions from his experiments are these: 'The violet rays are, of all others, those that possess the most intense electro-chemical power. The red light is also very rich in colorific rays. Blue light, on the contrary, is quite devoid of them, as well as of chemical and electric ones. Its beneficent influence is hard to explain, as it is the absolute negation of all excitement. It succeeds admirably in calming the furious excitement of maniacs.'"

It is pleasant to have one's theory so fully proven as is demonstrated by this extract. It would be interesting to know the date of these experiments, that France or the United States may receive the honor of priority of investigation.

It may be remembered that in a former article I referred to the use of colored glass for *nervous diseases*, but I did not speak of insanity by name; consequently Dr. Ponza has added a *word*.

From whatever source, let us welcome experiments and investigations upon this subject of glass treatment.

I would suggest that those of our school who have insane hospitals under their charge should try this simple remedy, and if successful as there is reason to hope, the afflicted will greatly rejoice.

INSTRUMENTS FOR STAPHYLORRAPHY.

BY G. M. PEASE, M. D., SAN FRANCISCO.

It is not my intention to introduce anything very new, but to call attention simply to a couple of instruments which I had made for me about eight years ago, and which may not have been seen by the members of this Society. The necessity for them was felt in consequence of a few operations I had made without them.

Since that time there have been made, by several parties, instruments for like use, but none of them to my mind so universally useful as these two. The knife is represented by the following cut:

It has an ebony handle, 3½ inches long, with a shaft 5⅞ inches in length, made of steel. This latter is slightly curved laterally until within 1¼ inches of the end, where a sharper lateral curve and the blade of the knife commences. This curve is a little sharper than that of most curved scissors. The blade is upon the convex surface, bevelled from the center toward the edges, while the convex surface is flat. The blade in its general shape is not unlike that of a common lancet, and, perhaps, might be better understood were we to suppose a long handle attached to a lancet and the blade bent upon its flat surface.

The old "Startin" or "Sabine" needle had a single curve which was found to be too long when desiring to use it in a sharp angle; it did very well for outside work with plenty of room, but elsewhere was almost useless, or at least clumsy. The old style also had no method for propelling the wire, save by pushing with the fingers.

Pease's Needle.

In the handle of this needle is a milled wheel, which upon pressure pushes the wire through the canula. The curve is made up of a series of curves, and when the wire is forced through it has a spiral appearance, giving nearly the first half turn required for making the suture. With this needle it is only necessary to rotate the handle on its own axis for ordinary operations, while the large curve of the "Startin" needle can be used if necessary.

For a full explanation concerning both the knife and the needle, I would refer you to the *Transactions of the American Institute of Homœopathy*, for the year 1871, running page 300.

GRASS VALLEY, May 4, 1876.

G. M. PEASE, M. D.—Dear Sir: In compliance with your request and that of the Medical Society you so ably represent, I give you a synopsis of my experience in the practice of Homœopathy for the past sixteen years. I had, prior to this, under Allopathic treatment, lost a beloved child, and was myself reduced to hopeless invalidism. Although I still endeavored to pursue my calling (that of teaching) until a friend, who had suffered similarly, and who, for the sake of his family, had studied Homœopathy, urged me to commence investigating for myself the theory and practice of our school. Well satisfied with its cardinal truths, and thoroughly disgusted with the so-called heroic treatment of the old school, I commenced the study and use of the ten principal remedies in my own family, then consisting of my wife and three children, one of whom was severely attacked with diphtheria, then epidemic in this place. I treated her with the most appropriate medicines I then had, *i. e.*, Bell. Merc., and Nitric Acid. Several of the regulars called in and pronounced it a desperate case, and spoke harshly to me for trusting to my little pills, but scores of children were dying in our vicinity of the disease, and far more from the prostrating effects of the drugs used by the doctors. I persisted in the use of my pellets, and my child made a fine recovery. My neighbors, seeing the result, came to me for sugar-pills, as they called them. I cheerfully divided with them my little store. In my family I had an opportunity, by reading and observation, to familiarize myself with the symptoms of such diseases as are common in all families. Successful at home I was repeatedly called on to treat others, which I did, there being no practitioner of our

school in the county at the time. For six years I studied and practiced as school-duties and feeble health permitted, free of charge to all. My system, overtaxed, yielded to the encroachments of disease. Pleurisy and typhoid prostrated me for three months again. Relying again upon our remedies—Bell., Rhus., Canth., Phos., and Sulph.—I recovered without medicinal diseases being left in my system. As soon as I could walk I was urged to visit three cases left by their physicians to die—one of brain-fever, one pneumonia, and the other typhoid. All were children, and all recovered in a fortnight. The father of my typhoid patient came to my school-room, begging me, with tears, to accompany him to his home, where his little girl, an only child, after three weeks' illness, was left by two of our most skillful physicians to die. I told the poor man I was no physician; I was only a teacher. He tarried till I closed school, just eleven years and one week ago, for a May party. I accompanied him to his home; found the child struggling in spasms; remained with them, at the parents' request, five days, and left my patient in the garden with its mother picking strawberries, much to the chagrin of Allopaths. Cases multiplying, I was obliged to devote all my time to the study of such works as were available, my only Materia Medica being the *U. S. Dispensatory*, which I read—as I had long before accustomed myself to read human nature—backward. After a while, learning where I could obtain works on the subject, I procured those most needed, and, for my own protection, took out a license to practice medicine, which was annually renewed until the law made it necessary no longer to obtain one. I make no pretensions to surgery or obstetrics, but confine

myself to the practice of medicine only. About six years ago, while very busy combating typhoid fever and pneumonia, then epidemic, I attended and treated strictly Homœopathically, during the first months of 1868, two hundred and forty-three cases, including both sexes and all ages, from three months to eighty years. On my way to meet another case I was stricken down with paralysis. This confined me to my office and home another quarter of a year; but by and under the use of Cuprum met. 12, and 200. I again rallied and resumed out-of-door work. Twenty-three years ago, under Allopathic treatment (by four of their graduates and diplomatic corps) for typhoid fever, I was left a mere skeleton in body, demented in intellect, and paralyzed, blind, deaf and dumb. Then it was that the heroism of my good wife discovered itself, and with that perseverance which characterized the true wife, she comprehended the glorious axiom: "*Die milde Macht ist gross.*" Under her kindly assiduities and mild medicines, with plenty of cold water and suitable nourishment, I recovered; commenced teaching in our public schools, and was thus engaged up to my commencing the study and practice of Homœopathy.

My library is as large as my means will allow me to procure. I endeavor to read and study as time and strength permit. After all the pleasure and profit I derive in perusing our magazines and in reviewing Gray, Virchow, Draper, and consulting Hunt and Marcy, Hull, Hartman, etc., yet my main dependence in treating the sick is an accurate knowledge of the symptoms of my patient, and a thorough acquaintance with my Materia Medica. These, my very dear sir, with the blessing of God, on whom alone I depend

for strength and wisdom, have guided me in the past. * * * * I fear I have wearied you. A man of my age—fifty-five—loves to talk, and a paralytic's story is never complete. Homœopathy is feebly represented in this county, and especially in this community, nevertheless commands the respect of the other school; and among my very warmest friends are some of its most skillful surgeons and physicians, who tender me any assistance in their power to bestow, and, when disabled, have been first at my bedside to render any act needed.

As to Clinical reports, I know not where to begin. I might speak of Paralysis caused and cured by Aconite; also, of Sciatica, a most desperate case that has baffled the skill of physicians East, and in your city, had also proved impervious to the famous mud-baths and mineral-springs of our State; this has yielded to Aconite 3 x in drop doses, and the Aconite salve applied externally.

A boy six years old had Sciatica so severely that there was no sleep by night nor rest by day. Allopaths had the child on the rack to stretch the shrunken limb several times, all a failure; cured by 1 x of Aconite and salve used as above. A chronic case of Neuralgia on the left side of face and head cured by Aconite 1000 six globules in water. Time and strength would fail me to speak of Prolapsus Uteri cured by Lillium Tig.; of Tinea capitis, by Phylolacca; of Diphtheria, involving the Tonsils and causing œdema of the Glottis; a number of cases cured by a few grain-doses of Carb. Zotate Ammonia. I have removed a Polypus, size of Bartlett pear, from the uterus of a lady in her thirty-fifth year, by the alternate use of Cactus 6 and Carb. Z. Am. 3.

Hemorrhage ceased under China and Secale. Patient is in better health than for years previous. But I must close this or it may not reach you in time to be of any service. During the eleven years of practice I have had (except now and then one of our school passing through,) no one to consult with or speak to, but by observing all symptoms and studying and praying too. I am still alive and busy.

My list of applicants for Homœopathic treatment has, in the eleven years, reached nearly seven thousand. I have lost by death, solely under my charge, twelve; by change of treatment, twenty-five. My health does not permit me to visit the sick in the country. The people understand this, and bring their sick or their symptoms, if they wish Homœopathic treatment. * * * * * * * * * * * *

Hoping to hear from you soon, I am very respectfully yours for the relief of humanity,

ABEL DOBSON.

PROVINGS OF ERYODICTYON GLUTINOSUM. "YERBA SANTA."

Fred. E. Brooks, medical student, age 24.—Nervous, bilious temperament; dark hair and eyes; habits exceedingly temperate, using neither tea nor coffee, whiskey nor tobacco.

June 11th, at 4 P. M.—Commenced the following proving of Yerba Santa tinct., taking for the first few days ten drops of the mother tincture every two hours, from 6 A. M. to 10 P. M. No perceptible symptoms manifest until

14th, 6 P. M.—Rheumatic pain in right calf.

15th, A. M.—6 (10 gtts.), 8 (10 gtts.), sharp pain in right lung in front near mammary, occurring at short intervals, or upon sudden change of position during a period of three quarters of an hour; 10 (10 gtts.), 12 (10 gtts.); 2 P. M.—(10 gtts.) repetition of pain in right lung front.

16th, 12 M.—(10 gtts.), head heavy and dull—dizziness continuing until 3 P. M. (three hours); 2 P. M.—(10 gtts.), 4 (10 gtts.), flushed face lasting one hour, 6 (10 gtts.), 8 (10 gtts.), sneezing; 8½ coryza; ran a few blocks to a fire and immediately became sick at the stomach; 9 (10 gtts.), deathly sickness at the stomach until 10 (10 gtts.), heavy pain in back of head, for half an hour, as if occiput was being pressed out.

17th—Foul mouth upon rising in morning; 6 A. M.—(10 gtts.), coryza; 8 (10 gtts.), coryza with more or less dizziness continually; 10 (10 gtts.), coryza, sneez-

ing; 12 (10 gtts.), coryza continuous, a permanent symptom; 3 P. M.—(10 gtts.), increased coryza; 4 (10 gtts.), face flushed and burning (especially cheeks); pain in back of head, coryza; 6 (10 gtts.), intense pain, dull and heavy, in back of head and over eyes, aggravated coryza with all its peculiar symptoms, sneezing, etc.; 10 (10 gtts.), sickness at stomach and pain in head, hardly any coryza; 12 (10 gtts.).

18th, 6 A. M.—Feel sick all over, little coryza; 8 (10 gtts.), 10 (10 gtts.), slight pain in head, no coryza in middle of the day; 12 (10 gtts.); 4 P. M.—(10 gtts), no perceptible effect; 6 (10 gtts.).

19th, 6 A. M.—(10 gtts.), headache; 8 (10 gtts.), catarrhal discharge, yellowish green color; 2 P. M.—(10 gtts.), 3 (10 gtts.), 5 (10 gtts.), 6 (10 gtts.), no perceptible effect.

20th—Commenced increasing the dose; 9 A. M. (15 gtts.), 10 (20 gtts.); 1 P. M.—(40 gtts.), 3 (50 gtts.), 4 (50 gtts.), 9 (60 gtts.), slight fluttering at intervals at bottom of testicles; great appetite.

21st, 9 A. M.—(70 gtts.), 11 (70 gtts.); 2 P. M.—(70 gtts.), 6 (70 gtts.), 8 (70 gtts.)

22d, 10 A. M.—(70 gtts.), fluttering for ten minutes in testes; 12 M., 4. P. M., 6, 8, (70 gtts. each).

23d, 7 A. M., 12 and 10 (70 gtts. each); 10 A. M., slight fever for 15 minutes, cheeks flushed and burning, slight dizziness; 2 P. M.—(70 gtts.), 4 (70 gtts.) At 5, fever commenced again and higher, face flushed, sense of pressure on head, especially back part; 6 P. M. —(100 gtts.), great nausea and heavy sickness.

24th—Headache; 7 A. M. (150 gtts.), 2 P. M.—(160 gtts.), 4 (170 gtts.), 6 (200 gtts.), at 10, heaviness in head, sense of pressure outward on all sides, greatest at cerebellum upward 12 (220 gtts.).

25th, 7 A. M.—(250 gtts.), at 8, ache in base of cranium; sharp pain in right ear at intervals or upon suddenly changing position of head from right to left, never before having had headache or earache; 9 (300 gtts.), pains in right ear more frequent; pains in right ear more frequent still, somewhat spasmodic; 11 (300 gtts.), pains in right ear continue till 5 P. M. and at 6 (325 gtts.), shooting pains, after changing to just below external ear, removed to just above and back of it. At intervals of one and two minutes shooting and quite painful. Also noticed quivering in little finger of left hand, also constant twitching of abductor muscle of wrist when the arm was flexed and lying on desk as in the act of writing; 8 (400 gtts.), shooting pains back of and above external ear become more frequent and more painful (not felt through the night), no pain in the morning following.

26th, 7 A. M.—(500 gtts.), 9 (600 gtts.), (no effect perceptible); 2 P. M.—(600 gtts.), 6 (600 gtts.), sense of intoxication; slight spasmodic symptoms.

27th—Cessation of medicine.

28th, 10 A. M.—(600 gtts.), immediate dizziness like slight dull intoxication; again dull pain in right lung front; 11 (600 gtts.); 1 P. M.—(600 gtts.), 3 (600 gtts.), 5 (600 gtts.), wheezing voice, at 5:30 distinct throbbing in head; quite strong asthmatic symptoms; discontinued the drug and symptoms vanished directly.

OBSERVATIONS.—It is evident that the power to produce coryza is one of the marked characteristics of this drug, since the coryza produced in the proving was so violent. All the other symptoms were quite strongly marked, though I should not fear death from such an asthma.

Mrs. A., aged 42. Three drops of the tincture in half a glass of water, one teaspoonful every two hours —within three hours she complained of burning sensation in fauces and throat and the next morning was covered with a scarlet rash, which lasted four or five days. After four or five weeks the medicine was again taken in the same way and with the same results—it was continued during twelve hours each time. She had been poisoned with Rhus Tox. some six months previously.

G. M. P., troubled with Asthma, took for a time three or four drops of the tincture from two to three times daily for a short time, with some apparent good results; at least the symptoms improved, and afterward, when upon retiring felt a spasm coming on, took a few drops. At first the left testicle felt tender and heavy, so tender in fact as to be almost painful. This symptom lasted during two or three days. A second steady use of the drug caused the same feeling in the testicle.

ABSCESS OF LIVER AND SPLEEN.

BY G. M. ÞEASE, M. D., SAN FRANCISCO.

CASE.

Mrs. M. Age about forty. For several Winters was considerably troubled with asthma, and during the Winter of 1873–74 was more troubled than usual, especially whenever she took cold. For years she had been troubled with "spleen ache." In November, 1873, she was suffering with pain in the whole left side, and had enlargement of the spleen. In February, 1874, she went to bed one night, no worse than usual, and awakened with a severe chill and spasm, commencing with pain through the middle of the sternum, through to the back, also with a sensation as of a girth, tightly drawn from liver to spleen, constantly tightening until the chill went off. She had symptoms of indigestion. At first she had the chills every day, or every other day, and then she would be without them for four or five days, thinking she was getting well, but only to be disappointed. She had also, after a time, during the chills, a sensation as if cords were tied around the nipples, and some one pulling on them with jerks. Skin and eyes were yellow from the time of the first chill. Urine very dark and thick all the time, with yellow sediment. Constipation, with bleeding piles. Just before each chill the urine changed and became thin and nearly clear, and was copious, while at other

times it was scanty. The chills lasted from four to eight hours, the fever about the same length of time, the sweat accompanying both the chill and fever, but most during the chill.

She had taken calomel, jalap, quinine, comp. cathartic pills, some of each, daily; pepsine three times a day before eating, and bismuth after eating. She took nearly fifty dollars' worth each of pepsine and bismuth. She had 10 x 12 blisters on the abdomen, and was dry-cupped twice, seven at a time. In November she had another doctor, who gave her olive oil and seidlitz powders, and there was passed a large quantity of gall secretions, green and as large as olives (inspissated bile?), after which she was somewhat relieved. The enlargement of the liver decreased for a short time. She took the oil and seidlitz powders several times, with similar results, and she took in all twelve large bottles of oil. She then took steam and tan baths, which made her very weak; took roots and herbs, but still she was failing. Next came a clairvoyant, who "saw through" her, and said there was a large green movable ulcer on the liver, and a similar ulcer on the pit of the stomach, which her medicines would relieve. On the spleen was also a sac, filled with water; but that would pass off.

She had a liniment which burned her fearfully, and took some "blood purifier." Another doctor was called; he examined her thoroughly, and looked wise, but could not decide what was the matter. He said it was not really liver disease, but was the new disease which was discovered in 1864. He advised her to drink salt sea-water, and, if not too expensive, would advise a bath of sweet oil, lying in it three hours.

About this time her sister, living in the West, asked

her physician, Dr. Rockwith, what he thought of the case, and he wrote to Dr. David Thayer, of Boston, and Dr. Thayer advised her to try China 200. This led to the idea of trying Homœopathy, and Dr. Handt of this city was called in July, 1875. He used several remedies, tried electricity, and finally injected morphine under the skin at the time the chills were coming on, which would always shorten and relieve the pains and chills. I was called in consultation after he had been in attendance some time. After careful examination, I came to the conclusion that there was an ulcerated liver and a similar condition of the spleen. I advised the use of China 30, and afterward in the 200th. I saw the lady frequently, and in fact, by request of the doctor, virtually took charge of the case. The constipation disappeared, and passages were had daily, the color being that of clay. Very few changes of remedies were made, the principal besides China being Arsenic, Hepar Sulph. and Megarrhiza oregana. She gradually improved, her passages were frequently streaked with pus, and finally an abscess pointed under the tenth rib, which broke and for quite a time kept up a discharge through a fistulous canal, undoubtedly from the spleen. After the discharge from the spleen she grew better more rapidly, and now considers herself a comparatively well woman, is a wonder to her friends, and gladly would put a large feather in the cap of Homœopathy. When she was taken sick she weighed 225 pounds, and when she first began Homœopathic treatment weighed 122. She has since then gained 30 pounds. For two years she did not see the inside of her kitchen, but this Spring was able to "clean house" as well as any woman.

From the character of the symptoms related it can very well be seen why I gave the China. The Hepar Sulph. was given because it would hasten the discharge of the pus, and empirically I gave the Megarrhiza in the first dilution for the reason of its supposed action on enlarged spleens. While taking the Megarrhiza there was a marked change in the color and regularity of her stools.

After she began to improve, one or two doses of Lycopodium 200 relieved a flatulency and the feeling of a band across the stomach.

All the remedies which were given her, except the Megarrhiza, were in the 30th dilution, or above.

LIST OF MEMBERS.

J. M. SELFRIDGE, - - - - - - Oakland.
J. N. ECKEL, - - - - - San Francisco.
J. F. GEARY, - - - - - " "
J. A. ALBERTSON, - - - - - " "
H. KNAPP, - - - - - " "
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F. H. THOMAS, - - - - - Los Angeles.
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